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# 1. Foster Care Overview

## 1.1 Introduction

Foster care is a state mandated service provided through federal, state and local funds. "Foster care services" mean the provision of a full range of casework, treatment and community services for a planned period of time to a child, who is abused or neglected as defined in §63.2-100 or, in need of services as defined in §16.1-228, and his family when a child:

- (I) Has been identified as needing services to prevent or eliminate the need for foster care placement,
- (II) Has been placed through an agreement between the local board or the public agency designated by the community policy and management team and the parent(s) or guardians where legal custody remains with the parent(s) or guardians,
- (III) Has been committed or entrusted to a local board or licensed child placing agency (§63.2-905)

Foster Care Prevention Services are meant to preserve and strengthen families and keep children in their own homes. When a child must be removed from a home, the initial goal becomes the provision of services to return the child home or, if that is not possible, to achieve another permanent plan for the child.

Foster care placement is intended to be a temporary, rather than a long-term solution to family problems. A placement may be with a foster family, in a group living arrangement, in a residential treatment facility, or in an independent living situation. Services provided to children and their families may include, but are not limited to, counseling and treatment, day care, medical, educational, employment, family planning, independent living, housing, respite care, legal, socialization and recreation services.

Federal and state regulations and policies are outlined in this chapter. Requirements based on federal and state code or regulations are capitalized and relevant state code citations are included.

## 1.2 Definitions

The following words and terms, when used in this policy, shall have the following meaning, unless the context clearly indicates otherwise:

"AGENCY" means a local department of social services.

"COMMUNITY POLICY AND MANAGEMENT TEAM (CPMT)" means a team established by the comprehensive services act for at-risk youth and families. The team is appointed by local governing bodies to manage the cooperative effort in each community to serve the needs of troubled and at-risk youth and their families and to maximize the use of state and community resources. This team develops local policies and procedures for provision of services to children and families. (§§2.2-5204; 2.2-5206)

"COMPREHENSIVE SERVICES ACT FOR AT-RISK YOUTH AND FAMILIES (CSA)" means the legislation that created a collaborative system of services and funding that is child centered, family focused, and community based to address the strengths and needs of troubled and at-risk youth and their families, (§2.2-5200 et. seq.).

"CONCURRENT PERMANENCY PLANNING" is a structured approach to case management which requires working towards family reunification while, at the same time, developing an alternative permanency plan.

"DEPARTMENT" means the Virginia Department of Social Services.

"DUAL APPROVAL" means approving a home concurrently as both a foster and adoptive home for children.

"FAMILY ASSESSMENT AND PLANNING TEAM (FAPT)" means the local team created through the Comprehensive Services Act to assess the strengths and needs of troubled youths and families who are referred to the team. The team identifies and determines the complement of services required to meet these unique needs. (§2.2-5208)

"FOSTER CHILD" means a person who has been placed into foster care through a non-custodial foster care agreement, entrustment or commitment before 18 years of age and who may continue to receive foster care services to age 21.

"FOSTER CARE PLACEMENT" means placement of a child through (i) an agreement between the parents or guardians and the local board or public agency designated by the community policy and management team where legal custody remains with the parents or guardians, or (ii) an entrustment or commitment of the child to the local board or licensed child-placing agency. (§63.2-100)

"FOSTER CARE SERVICES" means the provision of a full range of casework, treatment and community services for a planned period of time to a child, who is abused or neglected as defined in §63.2-100 or in need of services as defined in §16.1-228, and his family when a child (i) has been identified as needing services to prevent or eliminate the need for foster care placement, (ii) has been placed through an agreement between the local board or the public agency designated by the community policy and management team and the parents or guardians where legal custody remains with the parents or guardians, (iii) has been committed or entrusted to a local board or licensed child placing agency (§63.2-905)

"FOSTER FAMILY PLACEMENT" means placement of a child with a family that has been approved by the agency to provide substitute care for children until a permanent placement can be achieved.

"FULL DISCLOSURE" means respecting parents by providing them with complete information about their rights, responsibilities, expectations, the importance of staying connected to their children, and the consequences of not following through on the service plan. It is a process that facilitates open and honest communication among the social worker, the biological parents and extended family members, caregivers and the court.

"INDEPENDENT LIVING SERVICES" means services provided to foster children to prepare them for transition into adulthood. All youth age 16 and over must receive independent living services. These services are not contingent on the youth having a permanency goal of independent living nor are they contingent upon the youth residing in an independent living arrangement.

"INDIVIDUAL FAMILY SERVICE PLAN (IFSP)" means the plan for services developed by the family assessment and planning team under the Comprehensive Services Act.

"MAINTENANCE" means payments made on behalf of a child to cover the cost of (and the cost of providing) food, clothing, shelter, daily supervision, school supplies, a child's personal incidentals, liability insurance with respect to a child and reasonable travel for a child's visitation with family or other caretakers.

"NON-CUSTODIAL FOSTER CARE AGREEMENT" means the agreement that specifies the conditions for care and control of the child that the agency or public agency designated by the Community Policy and Management Team enters into with the parent(s) or guardians to place a child in foster care when the parent(s) or guardians retain custody.

"OASIS" (Online Automated Services Information System) is the automated child welfare system in Virginia. OASIS is the official system of record in Virginia. All foster care case information that can be documented using the screens available in the OASIS system must be completed for every case.

"PERMANENCY" for children means establishing family connections and placement options for children in order to provide a lifetime of commitment, continuity of care, a sense of belonging and a legal and social status that goes beyond the child's temporary foster care placement.

"PERMANENCY PLANNING INDICATOR" is a tool used in concurrent planning to assess the likelihood of reunification. It assists the worker in determining if a child should be placed with a resource family.

"PERMANENCY PLANNING" means an array of social work and legal efforts directed toward securing safe, nurturing, life-long families for children in foster care.

"PRIOR CUSTODIAN" means the person with whom the child resided, other than the birth parent(s), before custody was transferred to or placement made with the agency when that person had custody of the child.

"RESOURCE FAMILY" is an approved relative or foster family home which agrees to both support reunification and be prepared to adopt the child if the child and family do not reunify.

"REUNIFICATION" means the return of the child to his or her home, based on a permanent plan, after removal for reasons of child abuse and neglect, abandonment, child in need of services, parental request for relief of custody, non-custodial agreement, entrustment, or any other court-ordered removal.

"SERVICE FEE DIRECTORY" means the directory created by the Comprehensive Services Act which lists services offered and rates charged by any entity, public or private, that offers specialized services for at-risk youth or families.

"SERVICE WORKER" means the worker primarily responsible for case management or service coordination and meeting the foster care requirements for a foster care case.

"STATE POOL FUND" means the pooled federal, state and local funds established by the Comprehensive Services Act and used to pay for services authorized by the Community Policy and Management Team, including foster care services.

"TITLE IV-E" is the title of the Social Security Act that authorizes federal funds for foster care and adoption assistance.

### **1.3 Federal And State Requirements**

Specific foster care requirements are set forth in the following federal laws: the Indian Child Welfare Act of 1978; the Adoption Assistance and Child Welfare Act of 1980 (Public Law 96-272), the Multiethnic Placement Act of 1994 as amended by the Interethnic Adoption Provisions of 1996; the Adoption and Safe Families Act of 1997; and the Foster Care Independence Act of 1999. The amount of financial participation by the federal government is dependent upon compliance with federal regulations. Requirements are also in state laws pertaining to foster care and the Comprehensive Services Act (§2.2-5200). The federal and state requirements for serving children and families ensure that:

- Children and families with complex needs are assessed and served on an interagency basis;
- Pre-placement services are provided and reasonable efforts are made to prevent unnecessary removal of children from their families;
- If placement occurs, a judicial determination is made that reasonable efforts to prevent out-of-home placement have occurred;
- Placement of children is appropriate and takes into account their special needs;
- The child's health and safety shall be the paramount concern of the court and the agency throughout the case planning, service provision and review process;
- Foster and adoptive home placements are neither delayed nor denied based on the race, culture, or ethnicity of the child and family.
- Permanency planning should begin as soon as a child enters foster care and should be expedited by the provision of services;
- The location of the placement facilitates visitation and communication between parent(s) and children;
- Young adults leaving foster care should be provided with an extensive program of education, training, employment, and financial support by local departments of social services.
- The best interests of Indian children are protected and the stability and security of Indian tribes and families is promoted by placing Indian children in foster or adoptive homes that reflect the unique values of Indian culture;
- The length of time children spend in out-of-home care is reduced, and discrimination in placement decisions is prevented;
- Service plans are current and reviewed every six months;
- The needs of children are met while they are in foster care out-of-home placement;
- Reasonable efforts to reunify the child with the family are made; and
- Decisive and timely action occurs to secure permanent homes for foster children, including reunification when possible, or placement in another permanent and legally secure home.



## 1.4 Guiding Principles

These guiding principles for permanency services in Virginia shall be incorporated in all decisions in case planning and service delivery for children in foster care and their families. To achieve permanency for children in foster care, services provision shall be timely and based on the following principles:

- The welfare of the child is of paramount interest;
- Children have the right to a safe, stable, and permanent home;
- Children have a right to be reared by their families when their parents and relatives are able to do so in an adequate manner;
- Families can be empowered to assume responsibilities to provide adequate care for their children;
- Recognizing that some families are unable or unwilling to resume their parenting responsibilities, services should be provided to ensure a safe, stable, and permanent home. This should be done by placement of the child with relatives accompanied by transfer of legal custody; by adoption; or by placement in permanent foster care when foster parents are willing to assume permanent parental responsibility as long as the child is in the custody of the agency;
- Independent living services should be provided to all youth in foster care, as appropriate, in order that transition to adult living is successful;
- Partnership and teamwork among the child, the birth family or prior custodian, foster parent, resource parent, adoptive parent, the local agency, and other service providers are essential to permanency planning for each child in foster care; and
- Children and their families have the right to be treated with respect, sensitivity and fairness. They also have the right to know and understand as well as possible, what services are being provided, the purpose of the services, and their rights and obligations.

## 2. Foster Care Prevention/Family Preservation

### 2.1 Services To Be Provided

Services shall be provided to families to prevent the need for foster care placement. Any service available to a child in foster care placement shall be available to a child and his family to prevent foster care placement based on an assessment of the child's and family's needs. The Comprehensive Services Act for at-risk youth and families (CSA) requires services to children and families that are child centered, family focused and community based.

Services to prevent foster care placement may be paid from State Pool Funds, Family Preservation funds, and Child Protective Service funds. Cases in which in-home services to prevent foster care are delivered are to be entered in VACIS as Prevention and Support cases or into OASIS as Child Protective Services cases. Non-custodial foster care cases, where the local board or other licensed child placing agency places a child and legal custody remains with the parent(s), are foster care cases, not prevention; (See Section 3.6.5).

### 2.2 Prevention Policy

The provision of services to prevent foster care placement will be guided by the following policies:

#### 2.2.1 Protective Services (Vol. VII, Section III, Chapter A)

Applies to children who are at risk of foster care placement due to child abuse and neglect.

#### 2.2.2 Prevention and Support Services for Families (Vol. VII, Section II, Chapter E)

Applies to services provided to families to strengthen the family's ability to function more effectively and prevent child abuse and neglect.

#### 2.2.3 Appendix H of the Comprehensive Services (CSA) Implementation Manual

Provides guidance for use of CSA State Pool Funds for foster care prevention.

Services provided to the child and family, per Appendix H, will generally be short-term and intensive in order to prevent foster care placement. If services are needed beyond the initial six months, the Family Assessment and Planning Team (FAPT) must review the case and request approval in writing according to the guidelines in Appendix H.

### 3. Entering Foster Care

Children enter foster care through court commitment based on an abuse or neglect petition; a CHINS (children in need of services) petition, an entrustment, delinquency, or a request for relief of custody and non-custodial agreements.

#### 3.1 Best Interests Of Child Requirements

The initial court order must contain a judicial determination that the child was removed from the home pursuant to a judicial determination that (i) continuation in the home would be contrary to the welfare of the child, or (ii) it is in the child's best interests to be placed in foster care, or (iii) there is no less drastic alternative than removal of the child from his or her home. Effective march 27, 2000, nunc pro tunc orders that amend original orders are not acceptable.

#### 3.2 Reasonable Efforts Requirements

Reasonable efforts are the provision of services to children and their families utilizing community options and resources with the goal of preserving family unity. They include efforts to prevent or eliminate the need for removal of a child from his or her home and to reunite the child with his or her family. A judicial determination must be made, and documented in the court forms indicating reasonable efforts were made.

Federal (Adoption Assistance and Child Welfare Act of 1980, Public Law 96-272) and state laws (§16.1-251, 16.1-253, 16.1-278) require that reasonable efforts be made to prevent or eliminate the need for removal of the child from the home and to make it possible for the child to be returned home. The service worker must document in the record that reasonable efforts were made.

The Adoption and Safe Families Act of 1997 provides that agencies may make reasonable efforts to return a child home and engage in concurrent planning. In other words, the agency should at the same time be planning for the child to be placed in an alternative placement; i.e., a relative or adoptive placement, should the plan to return the child home not be feasible.

##### 3.2.1 Initial Judicial Determination of Reasonable Efforts

At the time of the initial court hearing to commit a child to the custody of the agency, approve an entrustment agreement or approve the plan for placement through a non-custodial foster care agreement, a judicial determination must be made as to whether reasonable efforts have been made. In order for the court to determine whether reasonable efforts have been made to prevent removal, the agency must document and submit the following to the court:

- Service needs of the child and family;
- Services offered to meet the needs;
- The family's participation in service planning; and
- The family's response to the services offered.

### 3.2.2 Requirements for the Court Order

The *Code of Virginia* requires that the initial court order state that reasonable efforts have been made to prevent or eliminate the need for removal. To meet federal requirements, reasonable efforts must be documented in a court order within 60 days of entry into care or, for an entrustment or non-custodial placement, within six months of placement. Compliance with Virginia law will therefore assure compliance with federal regulations.

Effective March 27, 2000, nunc pro tunc orders that amend original orders are not acceptable.

### 3.2.3 Reasonable Efforts After an Agency Receives Custody or Accepts Placement

Annually, for every child in foster care, there must be a judicial determination that reasonable efforts have been made to either:

- Reunite the child with his or her prior family if return home is the goal, or
- Place the child in a timely manner in accordance with his or her permanency plan

Documentation of reasonable efforts to reunify the child and family or achieve a permanent placement for the child must be recorded on the initial 60-day service plan, in the record, and on reviews thereafter.

### 3.2.4 Reasonable Efforts Not Required

Agencies are not required to make reasonable efforts to reunite children with a parent when there is a documented risk to the child's safety or well being as determined by one or more of the following:

- The parental rights of a sibling of the child in foster care have been previously involuntarily terminated.
- The parent has been convicted of murder or voluntary manslaughter, or a felony attempt, conspiracy, or solicitation to commit such an offense against (i) a child

of the parent, (ii) a child with whom the parent resided at the time of the offense, or (iii) the other parent of the child.

- The parent has been convicted of felony assault or bodily wounding resulting in serious bodily injury or felony sexual assault of: (i) a child of the parent or a child with whom the parent resided at the time of the offense, or (ii) based on clear and convincing evidence, the parent has subjected any child to aggravated circumstances, or abandoned a child under circumstances which would justify the termination of residual parental rights pursuant to §16.1-283 (d).
- Serious bodily injury means bodily injury resulting in substantial risk of death, extreme physical pain, protracted or obvious disfigurement, or protracted loss or impairment of a bodily member, organ, or faculty.
- Aggravated circumstances means torture, chronic or severe abuse, or chronic or severe sexual abuse where the victim is (i) a child of the parent or a child with whom the parent resided at the time such conduct occurred and includes the failure to protect a child from such conduct where that conduct or failure to protect (i) demonstrates depraved indifference to human life, or (ii) resulted in the death of a child or serious bodily injury to a child. Chronic abuse or chronic sexual abuse means recurring acts of physical abuse that place the child's health, safety or well-being at risk. Severe abuse and severe sexual abuse may include an act or omission that occurred only once but meets the definition of "aggravated circumstances." (§16.1-281 (b) and §16.1-283 (e)).

If the Agency determines that reasonable efforts to reunify do not need to be made based on the felony convictions or circumstances listed in the three preceding paragraphs, the agency must petition the court to make that determination. This petition may be filed at any court hearing. Within 30 days of the court's determination that reasonable efforts to reunify do not need to be made, the court shall hold a permanency planning hearing. If the request for such a determination is made at a permanency planning hearing, it will not be necessary to hold another hearing.

The court order must document that reasonable efforts to reunify are not required, because the parents have been convicted of offenses listed above or had parental rights of a sibling involuntarily terminated.

Neither law nor policy requires that reasonable efforts be omitted in these cases. Agencies may decide to make reasonable efforts to reunite children with parents even when a court has convicted parent(s) of the crimes listed above or the parental rights of a sibling have been involuntarily terminated. This decision should be made on a case-by-case basis.

### **3.2.5 When Children in Custody Remain in Their Own Home**

In situations where custody is given to the agency and the child remains in the home of the parent(s) or prior custodian, a judicial determination as to reasonable efforts to prevent removal is not necessary. However, if foster care placement becomes necessary, all of the legal requirements must be met.

## **3.3 Title IV-E Funding Restrictions**

Failure to meet requirements regarding best interests and reasonable efforts will result in the child being ineligible for Title IV-E funding. Additional criteria for establishing and maintaining Title IV-E eligibility are explained in the Virginia Department of Social Services Title IV-E Eligibility Manual available at <http://www.dss.virginia.gov/family/fc/ive/policy.cgi>. Placement costs for children found to be ineligible for Title IV-E funding must be paid from state pool funds.

## **3.4 Indian Child Welfare Act**

Children of American Indian or Alaskan Eskimo heritage may be subject to the Indian Child Welfare Act. If an agency suspects or knows that a child in foster care or one about to be placed in foster care is of American Indian or Alaskan Eskimo heritage, and the child belongs to a tribe located outside Virginia, the agency must contact the tribe. A listing of recognized tribes and designated tribal representatives with addresses and phone numbers can be found on the Internet at <http://www.doi.gov/bureau-indian-affairs.html> under the Bureau of Indian Affairs, Department of Interior. The agency must contact the tribal council about the child. If the child belongs to a Virginia tribe, the child is not subject to the Indian Child Welfare Act, and the local court has jurisdiction. However, when a child entering care is believed or known to have Virginia Indian heritage, the agency is urged to contact the Virginia Council on Indians and consider tribal culture and connections in the placement and care of the child.

## **3.5 Authority for Placement and Dispositional Alternatives**

If reasonable efforts have been made and the child still needs to be temporarily placed in foster care, the agency may accept placement through several legal alternatives. At each of the different types of court hearings concerning the child's health and safety, the court shall consider placement of the child with a relative or other interested individual as an alternative to foster care. Placements across state lines must comply with the Interstate Compact on Placement of Children. (Vol. VII, Section III, Chapter E)

The different types of court hearings are:

### **3.5.1 Court Commitments**

A child may be committed to the local board by an order of a court of jurisdiction. The court order must meet the reasonable efforts requirements of Section 3.2 of this

chapter. The commitment must be made before the child is 18 years old. The different types of court hearings are:

*Emergency Removal Hearing (§16.1-251)*

An emergency removal order may be issued ex parte (defined as “hearings in which the court hears only one side of the controversy”) by the court upon a petition supported by an affidavit or by sworn testimony in person before the judge or intake officer in situations where safety of the child precludes services to prevent removal, the judge may deem that reasonable efforts have been made.

In the emergency removal order, the court shall give consideration to temporary placement of the child with a relative or other interested individual, including grandparents. The local department must supervise this placement, pending the preliminary removal hearing.

As the initial court order, the emergency removal order must indicate that placement is in the child’s best interest. (Refer to Section 3.1)

*Preliminary Removal Hearing (§16.1-252)*

This is a hearing where the court determines that a child who is alleged to be abused or neglected needs to be placed in foster care.

At this hearing, the court must find that reasonable efforts have been made to prevent removal and enter that finding on the preliminary removal order. In situations where safety of the child precludes services to prevent removal, the judge may deem that reasonable efforts have been made.

At the preliminary removal hearing, the court will hold an adjudication proceeding to determine whether the child was abused or neglected as defined in §16.1-228. The agency, parents, or Guardian ad Litem (GAL) may request that adjudication not occur that day. The court must then schedule an adjudication hearing to occur within 30 days. The results of the adjudication must be entered on a court order.

The court will address child support at this hearing. (Refer to Section 5.6).

The court shall consider and may transfer temporary custody to a relative or other interested individual at the preliminary removal hearing if the court finds that the relative or other interested individual is:

- a) Willing and qualified to receive and care for the child;
- b) Willing to have a positive, continuous relationship with the child; and,
- c) Willing and able to protect the child from abuse and neglect.

If the court orders transfer of temporary custody to a relative or other interested individual, the order will provide for the initiation and completion of an investigation of

the relative or other interested individual; and will require the local department of social services to continue supervision until disposition. The order will provide for compliance with any preliminary protective order and as appropriate, ongoing provision of social services to the child and temporary custodian.

At this hearing, the court must schedule a dispositional hearing to occur within 75 days and provide notice to those present to attend that hearing.

*Dispositional Hearing (§16.1-278)*

This hearing occurs within 75 days of the preliminary removal order hearing; the hearing that brought the child into care; or the date the child came into care if there was no previous hearing. At this hearing, the court will enter an order (foster care plan dispositional order- dc- 553) indicating what the disposition of the case will be. The court will also review the initial foster care service plan.

The dispositional order must include a statement as to whether reasonable efforts have been made to return the child home and that continuation in the home would be contrary to the welfare of the child, or that placement is in the best interests of the child, or that there is no less drastic alternative. If there has not been a previous order that states reasonable efforts were made to prevent or eliminate the need for removal, the final dispositional order must include a statement to this effect.

The court will schedule a foster care review hearing to occur within six months of this hearing to review progress in the case. The court will provide notice to those present to attend the next hearing.

The court shall consider the transfer of legal custody of the child to the relative or other interested individual at the dispositional hearing. The order granting legal custody to the relative or other interested individual shall be entered only upon a finding, based upon a preponderance of the evidence from the court directed investigation. The order shall state that the relative or other interested individual is:

- a) Willing and qualified to receive and care for the child;
- b) Willing to have a positive and continuous relationship with the child;
- c) Committed to providing a permanent suitable home for the child; and
- d) Willing and able to protect the child from abuse and neglect.

The court's order should further provide for, as appropriate, any terms and conditions which would promote the child's interest and welfare, court review of the placement, and provision of ongoing services based on the needs of the child and custodian. (§16.1-278.2)

3.5.2 Temporary Entrustment Agreement (§63.2-903, 16.1-277.01)

Parent(s) or guardians may voluntarily request that the agency take custody of the child for a temporary period. In this case, the local board may accept the child



through a temporary entrustment agreement for up to 180 days. Title IV-E eligibility can extend beyond 180 days only when the court approves the temporary entrustment within 180 days of placement and determines that the best interests and reasonable efforts requirements have been met.

Conditions for use of temporary entrustment agreements are:

- The primary goal of temporary entrustment agreements is to return the child home. A temporary entrustment agreement may also be used for purposes of adoption planning. It is not to be used where the goal for the child is other than return home or adoption planning.
- The agreement shall specify the rights and obligations of the child, the parent(s) or guardians and the agency. It must include the responsibility of the parent(s) for financial support of the child and the authority of parent(s) and agency for medical care of the child.
- Entrustments cannot be used for educational purposes or to make the child eligible for Medicaid.
- An entrustment cannot extend beyond the child's 18<sup>th</sup> birthday.
- Parent(s) or prior custodians may request return of the child to their home. The agreement is considered to be revoked unless the agency opposes the request and obtains a judicial decision that return is not in the child's best interest.
- There are two types of temporary entrustments, those issued for less than 90 days, and those issued for more than 90 days.

#### 3.5.2.1 Entrustments for Less than 90 Days

This type of entrustment is used when a situation related to the child or his/her family can be resolved within 90 days. Documentation of the plan for services is required. Use of the foster care service plan form is not required. The plan may be an identifiable part of the narrative, or a separate page attached to the agreement.

If the child does not return home within 90 days, the agency must petition the court for a hearing to approve the service plan and entrustment by the 89<sup>th</sup> day after placement, (§16.1-277.01). A service plan must accompany the petition. The service plan must document that reasonable efforts have been made to prevent removal and to return the child home and that continuation in the home would be contrary to the welfare of the child.

If the agency decides to terminate the entrustment and seek court commitment during the first 90 days, the agency must petition the court for custody and submit the service plan for approval.

Federal regulations allow Title IV-E eligibility for temporary entrustment cases that meet all other eligibility requirements for up to 180 days. However, if the entrustment goes beyond 90 days procedures in Section 3.5.2.2 must be followed. (§16.1-277.01)

#### **3.5.2.2 Court Hearings to Approve Entrustments for More than 90 Days**

The entrustment agreement must be approved by the court at a court hearing. The local agency must petition the court for approval within 30 days of signing the agreement and submit a service plan with the petition (§63.2-903, 16.1-277.01). The court must set a hearing to approve the entrustment agreement and the service plan within 45 days of receiving the agency's petition. The service plan submitted must meet all requirements of Section 8 of this chapter.

There must be a judicial determination regarding best interests (See Section 3.1) and reasonable efforts (See Section 3.2) at the hearing approving the entrustment agreement. The initial court order form (foster care plan dispositional order) must state that continuation in the home would be contrary to the welfare of the child and that reasonable efforts have been made to prevent removal and obtain alternative permanent placement. A statement that it is in the child's best interest to be placed in foster care or that there is no less drastic alternative than removal of the child from his or her home can substitute for the "contrary to the welfare" statement. These requirements must be met for the child to continue to remain eligible for Title IV-E beyond 180 days.

At this hearing, the court must schedule a foster care review hearing to occur within six months and provide notice of this hearing to those present.

In accordance with requirements of the Code of Virginia, any court order transferring custody of an entrusted child to a relative or other interested individual shall be entered only upon a finding, based upon a preponderance of the evidence from a court directed investigation. The order shall state that the relative or individual is:

- a)Willing and qualified to receive and care for the child;
- b)Willing to have a positive and continuous relationship with the child;
- c)Committed to providing a permanent suitable home for the child; and,
- d)Willing and able to protect the child from abuse and neglect.

The court's order transferring custody to a relative or other interested individual will provide, if appropriate, any terms and conditions for the child's welfare, ongoing social services for the child and custodian, and court review of the child's placement. (§16.1-277.01.d1)

### 3.5.3 Permanent Entrustment Agreement

This agreement provides a method for the parent(s) to voluntarily relinquish parental rights and give the agency authority to place the child for adoption. Policy governing the use of Permanent Entrustment Agreements begins in Section 9.5.5.4.

Federal regulations allow Title IV-E eligibility for children who enter care through a permanent entrustment agreement only when court approval is obtained within 180 days of placement. The court must make a judicial determination that placement is in the best interest of the child (See Section 3.1) and that reasonable efforts have been made.

Once the court approves the permanent entrustment agreement, all parental rights are terminated. The parent can no longer revoke the permanent entrustment agreement.

If a parent is incarcerated, the court may authorize the Department of Corrections to have the prisoner transported to provide necessary testimony in hearings related to child welfare. The testimony of prisoners can also be acquired using electronic video and audio communication systems or telephonic communication systems in lieu of a personal appearance if authorized by the court.

The adoption progress report must be submitted to the court within six months of the court's approval of the permanent entrustment.

### 3.5.4 Relief of Care and Custody (§16.1-277.02 and §16.1-278.3)

Parents may request temporary or permanent relief of care and custody.

On receipt of a petition for relief of custody, the court must refer requests for relief to local departments initially for investigation and provision of services. The intent of this requirement is to determine whether the provision of services will prevent placement.

At the hearing, the court will determine, based on evidence presented, including the report from social services, whether the parent should be relieved of custody. If permanent relief is requested, the court will determine whether, based on clear and convincing evidence, termination of parental rights is in the child's best interests. Parental rights can be terminated only upon a finding by the court that reasonable efforts have been made to prevent removal and that continued placement in the home would be contrary to the welfare of the child. (§16.1-277.02)

If a parent is incarcerated, the court may authorize the Department of Corrections to have the prisoner transported to provide necessary testimony in hearings related to child welfare. The testimony of prisoners can also be acquired using electronic video and audio communication systems or telephonic communication systems in lieu of a personal appearance if authorized by the court.

If temporary relief is granted, the court will schedule a hearing within 75 days.

If permanent relief of custody is granted and termination of parental rights is ordered, the agency will submit an adoption progress report to the court within six months of the hearing.

### 3.5.5 Non-Custodial Foster Care Placement

Parent(s) or guardians may enter into an agreement with the local department or Community Planning and Management Team (CPMT) designated public agency to voluntarily place a child under age 18 in foster care while retaining custody. Services to prevent the need for foster care placement must be offered and must be documented in the service plan. In emergency situations where services cannot be offered, the reasons must be recorded on the service plan.

Before choosing this placement alternative and entering into a non-custodial agreement, the agency must assess and determine that:

- Leaving custody with the parent(s) or guardians is in the best interests of the child and will not place the child at risk; and
- The parent(s) or guardians will remain actively involved with the child during the placement.

These determinations must be documented on the Non-Custodial Foster Care Agreement. If these conditions do not exist, transferring custody to the local department of social services should be considered.

#### 3.5.5.1 The Non-Custodial Foster Care Agreement

The non-custodial foster care agreement must address the conditions for care and control of the child, and the rights and obligations of the child, parent(s) or guardians, and agency and include:

- The legal status of the child. With this agreement, the child would remain in the legal custody of the parent(s) or guardians;
- A statement that leaving custody with the parent(s) or guardians is in the best interests of the child and will not place the child at risk;

- A statement that this is a voluntary agreement between the parent(s) or guardians and the agency; and that the child will be returned to the parent(s) or guardians if the agreement is revoked;
- A statement that a criminal background check and child abuse/neglect central registry check must be completed on all adults in the home before the child can be returned home. Results of the check may prohibit the return of the child and in such cases; results will be shared with the person on whom the check was completed. §63.2-901.1 of the Code of Virginia. The agency is required to pay for criminal background checks and may not transfer this charge to the adult upon whom the check is being completed (See Section 4.1.6 for a list of barrier crimes).
- A statement that if the parent wishes to revoke the agreement after the court approved the agreement, judicial approval for terminating the agreement must be obtained.
- A statement that the agency has the right to seek judicial determination regarding custody of the child in a situation where the parent(s) or guardians revoke the agreement and the agency opposes return of the child;
- Requirements of the parent(s) or guardians for financial support, including a statement that the case will be referred to the Division of Child Support Enforcement (DCSE);
- Authority of the parent(s) or guardians and the agency in making medical care and treatment decisions;
- Expectations of the parent(s) or guardians during the placement, including a statement that the parent(s) or guardians will remain actively involved with the child during the placement;
- Expectations of the agency providing services to the child;
- Visitation arrangements;
- The date of the placement;
- Other conditions for placement; and
- When the placement is an interstate placement, a statement pertaining to responsibility for return of the child if the placement agreement is revoked.

- A copy of the agreement should be given to the parent(s) or guardians, to the placement provider, and be kept in the child's record. (See VDSS local agency site at <http://www.dss.virginia.gov/form/> for a sample Non-custodial Agreement Form).

#### 3.5.5.2 Court approval of the plan for non-custodial foster care placement through a non-custodial agreement

The local agency or public agency designated by the CPMT or the FAPT must file a foster care plan with the Juvenile and Domestic Relations District Court within 60 days following the board or public agency's placement of the child unless the court, for good cause, allows an extension of time, which shall not exceed an additional 60 days. (§16.1-281.a)

The court must hold a hearing within 75 days of the child's initial foster care placement to review and approve the plan. (§16.1-281.c)

The court order must include statements that (i) reasonable efforts have been made to prevent the placement and (ii) that continuation in the home is contrary to the child's welfare, or it is in the child's best interest to be placed in foster care, or that there is no less drastic alternative than removal of the child from his or her home.

All foster care requirements must be met. Time frames for administrative panel reviews and hearings are based on the date of the initial non-custodial foster care placement. The foster care review hearing must occur within six months of the 75-day hearing, if the child remains in non-custodial foster care placement longer than six months. Refer to Section 10.1 for requirements pertaining to foster care reviews.

#### 3.5.5.3 Other requirements

- The case must be entered into OASIS as a foster care case.
  - The case must be referred for Medicaid, Title IV-E screening and child support. Child support is to be addressed in the non-custodial agreement. Parents are responsible for paying support from the beginning of placement. (§63.2-910) Child support is to be based upon the Division of Child Support Enforcement's guidelines available at <http://www.dss.virginia.gov/family/dcse.html>
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- Maintenance and service costs for non-Title IV-E children will be paid from State Pool Funds.
- When another public agency other than the local department of social services is the case manager and enters into the non-custodial foster care agreement with the parent(s) or guardians, that agency is responsible for meeting the requirements of this section and all other foster care review requirements. The local department of social services is responsible for providing consultation to the other agency on meeting these foster care requirements, and for assuring the case is entered in OASIS.
- If the LDSS agrees to the return of the child and all required conditions for the child's safe return are met, the child may be sent home on a home visit pending final court approval.

## 4. Placement

### 4.1 Legal Requirements For Placement

The following legal protections must be provided to a child in foster care and documented in the child's foster care record. (NOTE: See Section 5.4.2 for information regarding Title IV-E placement requirements for an approved placement):

- 4.1.1 The agency must provide a placement that is appropriate for the child and must describe and discuss the appropriateness of the placement in the service plan.
- 4.1.2 The agency must place the child in the least restrictive (most family like setting) consistent with the best interests and special needs of the child.
- 4.1.3 The agency must attempt to place the child in as close proximity as possible to the parent(s) or prior custodian's home to facilitate visitation.
- 4.1.4 The agency must place the child in a licensed or approved placement. The agency must enter into a placement agreement with the placement provider (See VDSS Local agency site at [http://www.dss.virginia.gov/form/for\\_a\\_foster\\_care\\_agreement\\_form](http://www.dss.virginia.gov/form/for_a_foster_care_agreement_form))
- 4.1.5 Legal requirements for the immediate enrollment of a child in school and consideration of allowing the child to remain in his previous academic placement are discussed in Section 5, Case Opening, subsections 5.12.1 and 5.12.2.
- 4.1.6 Prior to placing a child in an emergency foster home or in any home not already approved by the local agency or a licensed child placing agency or with relatives including parents to whom a child is to be returned, the local agency must conduct a criminal background search and child abuse and neglect central registry check on all adults residing in the home in which the child is to be placed. Results of the check may prohibit placement of the child and in such cases, the background check results must be shared only with the person on whom the check was completed (§63.2-901.1). The child should not be placed if any of the following are indicated.
  - The parent/guardian/relative/household member has been convicted of any of the following crimes:
    - Murder or voluntary manslaughter, or a felony attempt, conspiracy, or solicitation to commit such an offense against (i) a child of the parent, (ii) a child with whom the parent resided at the time of the offense, or (iii) the other parent of the child.
    - Felony assault or bodily wounding resulting in serious bodily injury or felony sexual assault of (i) a child of the parent or (ii) a child with whom the parent



resided at the time of the offense. Serious bodily injury means bodily injury resulting in substantial risk of death, extreme physical pain, protracted or obvious disfigurement, or protracted loss or impairment of a bodily member, organ, or faculty.

- The following crimes should also be considered a barrier to placement:
  - Murder
  - Abduction for immoral purposes (Section 18.2-48)
  - Criminal sexual assault (Title 18.2-61-67.10, Chapter 4, Article 7) and all offenses listed on the Virginia State Police sex offender registry
  - Pandering (Section 18.2-355)
  - Obscenity offenses (Section 18.2-374.1 or 18.2-379)
  - Failing to secure medical attention for an injured child (Section 18.2-371.1 or 18.2-314)
  - Crimes against nature involving children (Section 18.2-361)
  - Taking indecent liberties with children (Section 18.2-370 or 18.2-370.1)
  - Abuse or neglect of children (Section 18.2-371)
  - Felony conviction of a crime against children, including incest (Section 18.2-366)
  - Felony conviction of assault and battery against a family or household member (Section 18.2-57.2 B)
  - Felony convictions for physical assault or battery other than against a family or household member (Section 18.2-51), or drug-related offenses within the past five years.

The local agency has responsibility to protect the safety of each child under its care. Placement decisions should be carefully weighed when criminal and/or abuse/neglect backgrounds are present. Regional foster care and adoption specialists are available for consultation whenever a local department needs guidance and assistance.

- 4.1.7 The agency must document that it provided educational and medical information to the foster parents or provider at initial placement, each time a child is placed, and on an on-going basis in order to assure that providers have basic medical and educational information about the child. The agency is required to provide the service plan to foster care providers as a means of meeting this requirement, excluding the sections of the plan describing the reasons why the child cannot return home and the alternatives chosen.
- 4.1.8 The agency may not delay or deny placement of a child into foster care on the basis of race, color, or national origin of the foster parents or child involved.
- 4.1.9 If the agency determines it is unlikely the child will return to his or her prior family in a timely manner, information must be provided regarding the opportunities for placing the child with relatives or in an adoptive home (§16.1-281A).

## **4.2 Preplacement Visits**

An agency worker must make a preplacement visit to any out-of-home placement to observe the environment where the child will be living. The date of the preplacement visit must be entered in OASIS.

- 4.2.1 The preplacement visit must precede the placement date.
- 4.2.2 The preplacement visit may be any visit to an out-of-home placement by an agency worker up to 90 days prior to placement.
- 4.2.3 An exception to the preplacement visit is an emergency situation, which must be documented in the case narrative. In such emergency situation, a preplacement visit may be the day of placement.
- 4.2.4 When a child is to be placed outside of Virginia with relatives, in a foster home, in an adoptive home, residential facility or an independent living situation, the preplacement visit must be made by an authorized agency in the receiving state in accordance with Interstate/Intercountry Compact procedures.

## **4.3 Foster Family Homes**

### **4.3.1 Approval Requirements**

Foster family homes must meet standards established by the state board and be approved by local departments prior to placement of the child unless they are homes approved by licensed child placing agencies. The procedures for approving these homes (including relatives) are found IN Vol. VII, Section I, Chapter I.

Homes must be re-examined for approval every 24 months.

An employee of a local department of social services cannot serve as a foster or adoptive parent for children in the custody of that agency. (§2.2-3109)

### **4.3.2 Multiple Agency Foster Homes**

Homes may be providers for more than one agency. The initial approving agency is responsible for continued approval of providers used by more than one agency. (Vol. VII, Section I, Chapter I, 3.11) If the approving agency has a child placed in a shared home, other agencies should obtain prior written approval for each child they wish to place. To avoid possible disruption of a current placement, any time a placement is considered in a shared home where a child has already been placed, discussion should occur between agencies. If there is no child in a shared home,

the agency wishing to place a child must discuss the placement with the approving agency and foster parents prior to placement, then provide notification in writing about the placement to the approving agency no later than 10 working days from the placement.

#### 4.3.3 Foster Homes Providing Multiple Types of Care

Homes may be providers of regular, emergency and permanent foster care at the same time when:

- The foster parent(s) demonstrate they can handle the different service needs of the children; and
- Services to children in on-going placement are not disrupted by emergency placements.

#### 4.3.4 Emergency Foster Home

This is a foster family home where a child may be temporarily placed until a more appropriate placement is found or the home is approved. Children may be placed with friends or relatives on an emergency basis for up to 30 days while efforts are being made to approve the home or locate another approved placement as long as standards for emergency approval and requirements for a criminal background check and child abuse and neglect central registry search are met (See Section 4.1.6). Longer term placements require full approval of the home. Refer to Vol. VII, Section I, Chapter I for additional information.

Title IV-E payments cannot be made for care in a home that does not fully meet standards. State-local pool funds must be used for a home during the emergency approval period, if payment is required. Title IV-E cannot pay retroactively for the emergency approval period.

#### 4.3.5 Regular Foster Home

This is a foster family home that has been approved and is being paid to provide basic maintenance, supervision, and parenting.

#### 4.3.6 Relative Foster Home

This is a foster family home of relatives. These homes must fully meet foster home standards as long as the child is in foster care. Children may be placed with relatives on an emergency basis for up to 30 days as long as standards for emergency approval and requirements for a criminal background check and child abuse and neglect central registry search are met (see Section 4.1.6). Longer term placements require full approval of the home. (Refer to Vol. VII, Section I, Chapter I.) Title IV-E funding cannot be used during the 30-day emergency approval period

of a relative foster home. State-local pool funds must be used, if payment is required.

Relatives residing outside of Virginia must be approved through the Interstate Compact on the Placement of Children prior to placement.

#### 4.3.7 Specialized Foster Home

This is a regular foster family home that has been approved to receive “special needs/specialized” payments in addition to the maintenance payment. Such payments are distributed to regular foster family homes that are not part of a designated therapeutic program. These “special needs/specialized” homes are agency approved foster homes, where the agency has elected to pay an additional service payment due to the difficulty of care of a specific child. The FAPT must authorize “special needs/specialized” payments to a foster family home. This additional payment is paid from CSA state pool funds.

#### 4.3.8 Therapeutic Foster Home

This is a trained foster parent, providing care through a licensed child placing agency or local agency’s defined foster care therapeutic program, who may receive an additional payment for added daily supervision required for children who have identified emotional/behavioral, developmental, physical or medical disorders. Title IV-E funds may be used to reimburse the costs of daily and additional supervision provided as part of a therapeutic foster home program for Title IV-E eligible children identified as needing therapeutic foster care. Foster parents providing such therapeutic care must meet specific requirements such as additional training.

The therapeutic needs of a child must be documented in the child’s local agency record. Formal assessments, such as Child and Adolescent Functional Assessment Scale (CAFAS) or Preschool and Early Childhood Functional Assessment Scale (PECFAS), which identify the behavior or diagnostic category of the child requiring additional supervision of the foster parents, are instruments that may be used to provide documentation. Additional documentation of the need for therapeutic foster care, which identifies the need for additional supervision, can be provided by the FAPTs recommendation or a history of multiple placements.

#### 4.3.9 Child Placing Agency Foster Home

This is a foster family home approved by and provided through a private child-placing agency, which does not require local agency approval.

As with an agency approved foster home, the local department of social services is responsible for:

- Completing the service plan for the child;

- Holding administrative panel reviews;
- Petitioning for court reviews and hearings; and
- Visiting the child at least monthly in the child's home or placement. If unable to conduct these visits on a monthly basis, face-to-face visits with the child in his or her home must occur no less than quarterly. These visits should be planned with the staff of the child placing agency and the foster parents.

The child-placing agency is responsible for submitting quarterly reports on the child to the local department of social services. The report should include a summary of the child's progress in the foster home as well as a summary of services rendered by the foster parents and the child-placing agency.

#### 4.3.10 Treatment Foster Care Program Home

This is a licensed child-placing agency or public agency meeting licensing standards and enrolled by the Department of Medical Assistance Services (DMAS) to provide Medicaid reimbursed treatment foster care case management services for children. These agencies can receive reimbursement through Medicaid for case management for an eligible child, as long as Medicaid criteria are met. Prior to reimbursement for case management services, the local agency must refer the child to a provider; provide copies of the latest CAFAS; and the FAPT assessment. Additionally, either the FAPT certification that treatment foster care case management is medically necessary or written documentation that the CPMT has approved the treatment foster care case Management Services is required. The local agency must provide the Rate Certification form signed by the CPMT, which identifies the payment rate negotiated with the provider.

The provider must complete and fax preauthorization materials within ten days of placement and submit a monthly treatment foster care case management time sheet to the local agency. Treatment foster care case management reviews must be held every six months by the local agency and ongoing authorization requests must be submitted to the DMAS contractor for continued reimbursement of case management services.

## 4.4 Adoptive Home

This is a home, which has been approved by a private or public agency for the placement of a child with the intent to adopt (§63.2-100). The adoptive home agreement form must be signed in order for the home to be considered an adoptive home. Refer to Vol. VII, Section III, Chapter C and Section I, Chapter I for additional information.

#### **4.5 Resource Family Home**

A resource family home is used when an agency has developed a concurrent permanency plan of reunification and adoption for a child. The worker should place the child in a resource home where the resource parents will both support the goal of return home and be committed to adopting the foster child if return home is not feasible.

#### **4.6 Independent Living Arrangement**

An Independent Living Arrangement is a placement of a youth in foster care who is at least 16 years old and lives without daily parental supervision. Such living arrangements may be used for youth who are enrolled in high school, college, vocational training, and/or employment. In determining whether an Independent Living Arrangement is the best plan for a foster youth, some of the factors to consider are the youth's maturity, ability to assume responsibility, and successful progress through his/her transitional living plan.

The worker must make an on-site visit to the living arrangement and approve it, unless the housing arrangement is provided or approved by a college, educational, or other vocational facility. (See Independent Living Arrangements, Section 9.7.4.)

#### **4.7 Residential placement**

##### **4.7.1 Definition and Objectives of Residential Placement**

Residential placement in this section means placement in a licensed publicly or privately owned facility, other than a private family home, where 24-hour care is provided to children separated from their families. These include residential facilities for children, group homes, and psychiatric hospitals.

Residential placement offers care and treatment for children as an alternative to the traditional family environment. Residential programs differ in size, types of children served, staff size and qualification, allowable funding sources, and services provided.

A treatment program in a residential placement should provide individual and group treatment and education for each child to maximize the child's capabilities, further emotional growth and development, and prepare the child to return home, to the community, or a more permanent placement.

##### **4.7.2 Preplacement Planning for Residential Placement**

Before considering placement in a residential facility, the agency must have:

- Attempted to use community based services and less restrictive alternatives; i.e. child's own home, regular foster home, therapeutic or specialized foster home,

etc. This may include referral to the Family Assessment and Planning Team (FAPT) to develop a service plan for community based services;

- Complied with local procedures for residential placement established by the Community Policy and Management Team (CPMT). This may include referring the child to the FAPT. If the CPMT requires staffing by the FAPT for residential placements, the service worker must provide information and supporting documents about the child to the FAPT; and
- Completed documentation of these processes in the case record.

#### 4.7.3 Medicaid Funded Residential Treatment

To be eligible for Medicaid funding, the local agency and provider must fulfill the following responsibilities prior to admission.

##### Agency Responsibilities:

- Refer the child to the facility.
- Prepare Certificate of Need signed by FAPT members.
- An independent physician must certify that outpatient care does not meet the specific needs of the child, proper treatment of the child's condition requires services on an inpatient basis under the direction of a physician, and services can reasonably be expected to improve the child's condition to prevent further regression.
- Provide a copy of the latest CAFAS (within 90 days).
- Coordinate with the facility for the Initial Plan of Care.
- The plan must include the following: diagnosis; symptoms; description of the functional level of the child; treatment objectives with short and long-term goals; orders for medication and treatments; plans for continuing care including reviews; and discharge plans.
- Forward to the receiving facility all relevant background and treatment history.
- Negotiate a reimbursement rate and provide the CPMT signature on the Rate Certification Form.

##### Provider Responsibilities:

- Must be certified/enrolled as a Medicaid provider;
- Develop with the agency the Initial Plan of Care;
- Complete the West Virginia Medical Institute preauthorization forms;
- Negotiate a payment rate with locality; and
- Notify CPMT/FAPT of Medicaid approval or denial.

Under Medicaid, reviews must be completed for residential placements every 30 days.

#### 4.7.4 Selecting a Residential Placement for the Child

The primary step in selecting an appropriate residential placement for a child is to compare the child's needs with the services offered by the residential facility. The service worker should involve the child and parent(s) or prior custodian in determining the appropriateness of the residential placement for the child.

Priority shall be given to facilities that provide services to return children to the community.

Factors to consider in determining the appropriate facility should include:

- Diagnosis and treatment of child;
- Accessibility of placement to parents or prior custodians;
- The child's and family's readiness for placement and treatment;
- Opportunity for parental/family involvement and participation in the treatment plan;
- Ability of facility to sustain placement;
- Duration of treatment;
- Cost and funding resources; and
- Transition plan to return the child to parent/community.

The agency coordinates the placement with the local school board to assure that the child's educational needs are met.

#### 4.7.5 Facility Requirements

Children in care shall be placed only in residential facilities that meet the following criteria:

- Licensed by or approved as meeting the licensing standards of the state department of social services, other state departments in Virginia or the licensing agencies in the state in which it is located.
- Title IV-E funds may be used only in facilities that meet Title IV-E requirements as described in Section 5.4.2,



- Listed in the CSA service fee directory unless the licensed facility offers room, board and services at no charge to the agency.
- Not among the facilities licensed under the minimum standards for licensed child caring institutions. The names of these facilities may be obtained from the division of licensing.
- Has a placement agreement with the agency.
- Does not permit corporal punishment.

#### **4.7.6 Preparing the Child and Family for Placement**

The child and parents should be made fully aware of the reasons for and expectations of the residential placement.

- The child should be prepared for the placement. A preplacement visit to the facility should be arranged to afford the child the opportunity to see the physical facility and meet the staff and peers with whom the child will be residing. An explanation should be given to the child as to why the placement is occurring and how it is anticipated that services provided will help meet the child's needs.
- To prepare the family, the agency should discuss with them how services provided at the residential facility will meet the needs of the child and the family's role in meeting the child's needs through visitation, counseling and/or therapy, as well as participation in the transition plan for the child's return.

### **4.8 Interstate Placements: Interstate Compact on the Placement of Children (ICPC) (§63.2-1000 et.seq.)**

The purpose of the Interstate Compact on the Placement of Children is to ensure that children placed out-of-state are placed in approved settings and receive continuing services and supervision necessary to ensure that their placements are appropriate and safe. Refer to Vol. VII, Section III, Chapter E for specific information on ICPC policy and procedure.

- 4.8.1 Local agencies are authorized to place foster children out-of-state with parents, relatives, foster parents or in residential facilities, group homes, independent living situations, or child placing agency placements upon receipt of ICPC approval from both the Virginia and receiving states' interstate office. Placement by the court also requires ICPC approval. While ICPC approval is not required or needed when placing children in boarding schools, mental health and mental retardation hospitals and medical facilities, and independent living situations, the consent of the Commissioner of the Department of Social Services is required prior to placement. (See 4.8.3 of this section). Visits up to 30 days do not require ICPC approval.

- 4.8.2 To receive ICPC approval, the agency must submit the 100A form and appropriate supporting documentation as identified in the Interstate Policy chapter, to the Virginia Interstate Office following the procedures for requesting interstate approval found in Vol. VII, Section III, Chapter E. The required forms are available at <http://www.dss.virginia.gov/family/interstate.html> or by contacting the ICPC Contract Administrator at the Virginia Department of Social Services in Richmond at 804-726-7582 or 7557.
- 4.8.3 If the placement is with a child placing agency, or in a group or residential facility, in addition to ICPC approval, commissioner's consent must be obtained before ICPC approval will be given. (§63.2-1105). Refer to Vol. VII, Section III, Chapter E for information on procedures to obtain Commissioner's consent. The purpose of Commissioner's Consent is to ensure that no in-state resources exist for the child and that placement out-of-state is in the child's best interests.
- 4.8.4 Prior to a child in agency custody, moving with a relative, parent or foster parent from Virginia to another state, regulations governing the interstate compact must be followed (see ICPC Regulation #1, Conversion of Intrastate Placement into Interstate Placement; Relocation of Family Unit at <http://www.dss.virginia.gov/family/interstate.html>).
- 4.8.5 Any agency placing a child out-of-state without meeting the above requirements will have all expenses related to the child charged to 100% local funds.
- 4.8.6 When the plan is to permit a foster child to move with a foster parent from Virginia to another country, the Commissioner's consent is required. Refer to Vol. VII, Section III, Chapter E.

#### **4.9 Placements in Another Political Jurisdiction**

When a child is to be placed in a home in another political jurisdiction within the state and the local department of social services in that community has not approved that home, the local agency holding custody shall:

- Notify the local agency where the home is located that the home is being considered for the child's placement;
- Conduct a study and approve the home or request that the local agency in the receiving locality study and approve the home;
- Request the local agency in the receiving locality to supervise the child or notify them that the local agency holding custody will supervise; and
- As soon as possible notify the local school division in the new locality as well as the school division the child is leaving.

#### **4.10 When Foster Parents Move to Another Jurisdiction**

- When a child moves with a foster family from one political jurisdiction to another in the state, the local agency holding custody is responsible for continuing supervision of the child unless supervision is transferred to the other local agency. The local agency holding custody shall notify the local agency in the county or city to which the foster family moves.
- The local agency holding custody must notify the local school division the child is leaving as well as the school division the child will be entering.
- When supervision is transferred, the agency holding custody codes the case to Foster Care. The agency holding custody is responsible for service plans and completion of OASIS reports.

#### **4.11 Transferring Custody to Another Local Agency**

If a local agency is considering transferring custody of a child to another jurisdiction because the parent(s) or guardians have moved to that jurisdiction, a determination must be made that it is in the best interests of the child to transfer custody. The agency holding custody must consult with the local agency in the other jurisdiction prior to petitioning the court to transfer custody. A local agency may petition the court to transfer commitment of a child to the custody of another local agency where the child, his/her parent(s) or guardians, or relatives reside when it is in the best interests of the child to transfer custody. The local board in the other community does not have to accept custody until given reasonable notice and opportunity to be heard by the court.

#### **4.12 Notification of Placement Changes**

All parents with residual parental rights or prior custodians must be notified in writing of any change in placement or visitation privileges within 10 days of such a change.

## 5. Case Opening

### 5.1 Opening to OASIS

The *Code of Virginia* and federal law require that every child in foster care be tracked so that the Department may monitor service delivery and planning for achieving permanency. (§63.2-907) This includes children placed under a non-custodial foster care agreement. OASIS is Virginia's official system of record in which cases must be documented and tracked. Data utilized for state and federal reporting and planning are extracted from OASIS; therefore, all case data must be entered into OASIS accurately and within 30 days of each case event occurrence.

#### 5.1.1 Opening the Foster Care Case in OASIS

- Information for every child in foster care must be entered into OASIS as soon as possible but no later than 30 days after the child's custody is transferred to a local department of social services or he/she is placed in foster care. A delay in the entry on OASIS will result in a federal penalty under the federal Adoption and Foster Care Analysis and Reporting System (AFCARS). The worker is responsible for entering and updating all case data in OASIS as soon as possible but no later than 30 days after, each activity or event.
- The case is opened in the family's name.
- A child in the agency's custody or placement is considered a member of a family case. If there is no family, open the case in the child's name.

#### 5.1.2 Choosing the Program Category (Funding Source Screen)

There are two program categories for children in foster care. These categories determine the source of maintenance payments made on behalf of the child. In order to receive federal funding, workers must identify the program category on the Funding Source Screen in OASIS as follows:

- CSA cases eligible for State Pool Funds;
- Title IV-E cases eligible for Title IV-E federal funds. Workers check Title IV-E as the program category when a child is Title IV-E eligible even when no Title IV-E payment is being made; for instance, when a child is receiving full SSI benefits, placed in a placement that is not eligible for Title IV-E funding, or a child on a trial visit home for less than six months.

All cases must initially be opened as CSA cases until the eligibility determination for Title IV-E has been made. On notification by eligibility staff that the case is Title IV-E eligible, the service worker must change the program category and the source of payment on the Funding Source Screen in OASIS to Title IV-E. No Title IV-E maintenance payment shall be made until eligibility for Title IV-E has been determined.

### 5.1.3 Choosing the Source of Payment

Under source of payment on the funding sources screen, the agency checks what the source of payment is for maintenance payments. If the agency receives SSI or other resources for the child, the worker would choose "other resources" and identify the resource the child receives. Even if an agency initially pays for a child out of CSA and then reimburses CSA out of SSI, the agency should choose the resource that ultimately pays for maintenance as the funding source.

## 5.2 Setting Up Paper Case Records

OASIS contains the official case record for all foster care cases, and is supplemented with forms, letters, and other original hard copy documents which must be retained in the paper case record. Most of the case documentation will be in OASIS however, and not in the paper file. It is not necessary to copy OASIS screens into the case record unless this is the local agency's policy. Original documents (Social Security Card, birth certificate, psychological reports, etc.) will remain in the paper record, as well as documents that require signature. Many of the foster care forms are either in OASIS and can be completed and printed as needed, or are available on the VDSS Local agency site at <http://www.dss.virginia.gov/form/> in a Word format. (See Appendix A for a list of forms available).

Material in the paper case record should be separated into divisions, grouping the same or similar forms and documents together. Within each division, material must be fastened together in chronological order with the most recent material on top. A suggested paper case record format follows:

### 5.2.1 Key Documents, including:

- 
- Referral to eligibility for Title IV-E determination and Medicaid
  - Birth verification
  - Social security card and/or application

5.2.2 Legal documents with original signatures, including:

- Petitions
- Entrustments
- Service plans (including the court approved Individual and Family Service Plan (IFSP))
- Court orders
- ICPC Forms

5.2.3 Agreements (with original signatures) including:

- Non-Custodial foster care agreements
- Foster family home placement agreements
- Foster family home placement agreements
- Independent living agreements (Transitional Living Plans)
- Respite care agreements
- Permanent foster care agreements

5.2.4 Reports, including:

- Social histories
- School reports
- Medical reports
- Psychological reports
- Quarterly provider reports

5.2.5 Residential, including:

- Application
- Placement reports

5.2.6 Correspondence, in chronological order, including:

- Notice of visitation
- Notice of placement change
- Notice of panel review
- CPS summary or affidavit
- Other correspondence

### 5.2.7 Purchase Orders and Invoices

### 5.2.8 Adoption Documents

- Termination of Parental Rights
- Adoption Assistance Agreement (if applicable)
- Adoptive home placement agreement

## 5.3 Foster Family Record

AFCARS reporting requires that basic demographic information about all foster families (public and private) be entered into OASIS. This information is reported under the resource section of OASIS. The record for the agency approved foster home shall include all forms and information gathered during the study-evaluation and approval process. (See Vol. VII, Section I, Chapter I.)

## 5.4 Referrals for Maintenance: Title IV-E and State Pool Funds

All children in foster care placement are eligible to receive room, board, and supervision. maintenance is defined by federal regulations as: payments made on behalf of a child to cover the cost of (and the cost of providing) food, clothing, shelter, daily supervision, school supplies, a child's personal incidentals, liability insurance with respect to a child, and reasonable travel for a child's visitation with family or other caretakers. Daily supervision includes day care when the foster parent works or needs to attend meetings related to the child. Day care must be with licensed or fully approved providers. (See Section 12.1 for maintenance payment information).

Funding sources for paying the costs of maintenance and procedures for determining the source to be used are described below.

### 5.4.1 Title IV-E Eligibility Requirements

This is a method of funding using State and federal funds, which pays for maintenance only. All children in care are to be referred to eligibility staff for an initial determination of Title IV-E eligibility. The services staff must refer a child for screening within 10 calendar days of the court commitment order, or the date the voluntary entrustment agreement is signed, or the date the non-custodial agreement is signed (Title IV-E Eligibility Manual, Section 202.10, A). The service worker is responsible for referring and providing information to the eligibility worker that is used in making the Title IV-E eligibility determination. The Title IV-E/Medicaid

Eligibility Form may be obtained at VDSS Local agency site at <http://www.dss.virginia.gov/form/>

in a Word format. For a child to be Title IV-E eligible, the following requirements must be met:

- During the month court action was initiated (the month in which a petition was filed to remove or place the child, or an emergency removal order was entered, or a detention order was entered) or voluntary entrustment or non-custodial foster care placement occurs, the child:
  - Would have been eligible for assistance under AFDC as it was in effect July 16, 1996 (see Title IV-E eligibility manual); or
  - Was living with a specified relative and would have been eligible for AFDC as it was in effect as of July 16, 1996 had application been made; or
  - Was not living with a specified relative, but had lived with a specified relative some time during the six months prior to the month in which court action was initiated and would have been eligible for AFDC as it was in effect July 16, 1996 if an application had been made and the child had been living with that relative during the month court action was initiated.
- The child is younger than 18 years.
- The court order approving the plan for placement in a non-custodial foster care placement or committing the child to foster care must contain a statement that continuation in the home would be contrary to the welfare of the child and a statement that reasonable efforts had been made to prevent removal. A statement that it is in the child's best interest to be placed in foster care or that there is no less drastic alternative than removal of the child from his/her home can substitute for the contrary to the welfare statement.
- Effective March 27, 2000, nunc pro tunc orders are not acceptable as amendments or corrections to initial court orders lacking required wording.

#### 5.4.2 Title IV-E Placement Requirements

To be eligible for Title IV-E maintenance payments, the child must be placed in one of the following:

- A local department foster home approved as fully meeting state standards for foster family care (not emergency approval);



- A fully licensed private non-profit child placing agency listed in the CSA service directory;
- A fully licensed private for-profit child placing agency listed in the CSA service directory if the maintenance payments are made directly to the provider and do not pass through the for-profit child placing agency. For details, see Department Broadcast #2589, "Claiming Title IV-E Reimbursement for Maintenance Costs for Children Placed in For Profit Licensed Child Placing Agency Foster Homes" dated 3/5/04)
- A fully licensed private child-caring institution listed in the CSA service fee directory; or
- A public facility listed in the CSA service fee directory, which accommodates no more than 25 children.

#### 5.4.3 Special Regulations Governing Entrusted Children

- 5.4.3.1 Funding from Title IV-E is limited to 180 days for children in custody pursuant to a voluntary temporary entrustment agreement unless the agreement has been approved by the court and the court order contains the necessary best interests and reasonable efforts statements.
- 5.4.3.2 State law mandates court approval of all temporary entrustments for 90 days or more. This meets the 180 days requirement.
- 5.4.3.3 For a child who is permanently entrusted to be eligible for Title IV-E foster care and adoption assistance, there must be:
  - A court hearing within 180 days of the permanent entrustment;
  - A judicial determination and statements on the court order that reasonable efforts were made to prevent removal and that the placement is not contrary to the welfare of the child; and
  - A Title IV-E payment made during the entrustment period.
- 5.4.3.4 Failure to meet requirements of this section will result in the child being ineligible for Title IV-E funding. Documentation not received by 180 days will result in the case being closed to Title IV-E. Costs for the child's placement will be paid from state pool funds.

#### 5.4.4 Information Sent to Eligibility for Title IV-E Screening

- Copy of the petition and initial court order which contains reasonable efforts determination and contrary to the welfare statement.
- For entrustments or non-custodial foster care placements, a copy of the entrustment agreement or non-custodial foster care agreement.
- Child's social security number or proof of an application for a social security number.
- Birth verification.
- Description of the situation from which the child was removed including:
  - Names of all persons with whom child was living; Relationship of each to child; Date of removal;
  - Specific information on both parents to include full names, birth dates, social security numbers, whereabouts, employers' names and addresses, their parents' names and addresses;
  - Income of all immediate family members with whom child was living (parents and siblings);
  - School enrollment at time of removal and at time of application; Whether the child was a resident of Virginia at the time of the entrustment, commitment, or placement; and
  - Whether the child is a citizen of the United States or an alien. Current financial data related to income and resources available to the child, such as social security administration, veterans administration, and support from parents, other benefits, earnings, savings, trust funds, and funds in the special welfare account. Income is either earned or unearned.
  - Earned income is income derived from wages, salary, commissions or profit from self-employment; Unearned income is income from social security and other benefits, lump sum payments from an insurance policy, sale of property, and any other unearned source;
  - Verification of the appropriateness of the placement relative to Title IV-E funding; Verification of a foster home consists of the most recent approval period for the home;

- The service worker is responsible for ensuring that the agency approved provider compliance form is available to the eligibility worker;
- When sending the agency approved form to the eligibility staff for the purpose of establishing or maintaining a unit file, the front page of the form is sufficient;
- Verification of a residential facility's eligibility for Title IV-E payments consists of documentation of the room and board rate agreed upon between the agency and the facility, the most recent approval date for the room and board rate, its licensing and non-profit status, and, if public, its capacity.

5.4.5 Additional Requirements for Continuing Eligibility for Title IV-E Funding and Requirements for All Foster Care Cases.

- The court must hold a permanency planning hearing within 14 months of placement;
- The agency and/or court must hold hearings and reviews, as appropriate, every six months;
- The agency must determine whether to recommend termination of parental rights at the time of the permanency planning hearing and, if that is the recommendation, seek court approval for termination at that hearing by submitting a service plan changing the goal to adoption. The agency may also submit the petition for termination at the permanency planning hearing. If the petition for termination is not submitted then, the agency must petition as soon after as possible (within 30 days).
- Annually, the court must determine at each court hearing that reasonable efforts have been made to reunite; or if the goal is other than return home, to finalize a permanent placement for the child.

Failure to meet the above requirements will make a child ineligible for Title IV-E payments from the date the requirement is due until the required action occurs; i.e., the court holds a permanency planning hearing; the court or agency holds a review; the agency makes a determination whether to terminate parental rights and files a petition, if appropriate; and the court determines reasonable efforts have been made to reunite or finalize a permanent placement.

5.4.6 Maintenance Payments Made from State Pool Funds

This is a source of funding, using federal, state and local money under the Comprehensive Services Act for At-Risk Youth and Families.

- Costs of maintenance are paid from this source for all children who are not eligible for Title IV-E.
- Local Community Planning and Management Teams will determine the referral and payment authorization procedures.
- These funds can only be used for placement in an approved or licensed facility or foster home.
- A case on referral for screening for eligibility for Title IV-E is coded to and paid from the CSA State Pool funding source until the child is found to be eligible for Title IV-E maintenance payments. Maintenance payments are made from State Pool Funds only until the date of entitlement for Title IV-E. State Pool Funds expended for maintenance during the referral process may be reimbursed by Title IV-E funds for maintenance, except for any period where the provider was not fully approved.

## **5.5 Referral for Determination of Medicaid (Title XIX) Eligibility**

Funding for medical services in this program is from state and federal funds provided through the State Department of Medical Assistance Services (DMAS). Determination of eligibility is the responsibility of eligibility staff in the local department of social services. Service workers are responsible for submitting the Title IV-E/Medicaid Eligibility Form to the eligibility worker within 10 days of date of placement, available at <http://www.dss.virginia.gov/form/>

The Title IV-E/Medicaid Eligibility Form is the only form needed to apply for Medicaid for all children in foster care. No eligibility forms are required.

- 5.5.1 For children in non-custodial foster care, the parents or guardian must sign and file the application. The parent or guardian cannot authorize the service worker to sign the application.

Consult the Medicaid Manual, Volume XIII, Part III, Chapter A, for additional information.

### **5.5.2 Informing Medicaid of Changes**

Eligibility for Medicaid is redetermined annually. However, the service worker shall provide the Medicaid eligibility worker with any new information that might affect Medicaid eligibility within 10 days from the date of the change.

Changes that might affect eligibility include: changes in income or resources (wages, inheritances, savings, etc.); return of a child to his home on a permanent basis; a trial home visit in excess of three months; termination of custody by the court or placement by the agency or parent; or release of the local social services agency of responsibility for aftercare supervision.

## 5.6 Referral for Collection of Child Support

The Department of Social Services is charged with collecting support for dependent children (as defined in §63.2-1903, *Code of Virginia*) in accordance with state and federal laws and policies and procedures of the Department of Social Services' Division of Child Support Enforcement (DCSE). The court must address parental support at the time a child is placed in foster care or refer the case to the division of support enforcement (DCSE), (§63.2-909). The agency must address support in agreements signed with parent(s) to place a child in foster care, (§63.2-910).

The local agency is responsible for reporting to the Division of Child Support Enforcement (DCSE) all information necessary to aid in securing support on behalf of children.

### 5.6.1 Fundamental Information about Support

- Both parents should be pursued for support.
- DCSE will collect funds from absent parents that may be used toward the reimbursement of foster care expenditures.
- The state will receive the state's share of funds collected by DCSE for Title IV-E children. The state will forward the federal share to the federal government. support collected in excess of the title iv-e maintenance amount will be forwarded to the local agency. Funds collected for non-Title IV-E children will be forwarded to the local agency. Support is placed in special welfare accounts to be used for reimbursement of foster care expenses for the child (e.g., maintenance, medical care not covered by Medicaid, and services). If the child who has been discharged from foster care still has an open special welfare account, the money should be placed in that account and subsequently disbursed to the child's parent(s), relative caretaker or the child if the child is over 18 and has no other legal guardian. If the child has no open special welfare account, the local department should place the money in an account under the direction of the local department and from which the monies can be disbursed to the child's parent(s), relative caretaker, or the child if the child is over 18 and has no other legal guardian. These child support funds are not to be returned to DCSE.
- If the agency cannot locate the child's parent(s), relative caretaker, or the child if the child is over 18, for a period of one year (§55-210.9), and after performing due diligence, i.e., attempting contact with the rightful owner at their last known address, and performing any other efforts which would constitute an exhaustive search, these funds are to be remitted to the Virginia Department of Treasury, Division of Unclaimed Property. (§55-210.12) Agencies are required to remit such funds that were due and payable by June 30<sup>th</sup> of any given year to the Department of Treasury, Division of Unclaimed Property by November 1<sup>st</sup> of that same year. Forms and instructions needed to remit this property may be obtained from the Treasury website at [www.trs.state.va.us](http://www.trs.state.va.us). Questions about, or

problems in the use of these forms should be directed to the Report Remit Supervisor at the Virginia Department of Treasury, 804-225-2463.

- If the parent provides a financial statement indicating his/her ability to pay, child support guidelines will be used to determine the support amount.
- Current support payments will be assessed from the date of custody or when the parent(s) signs an agreement to place a child in foster care.
- DCSE will not collect support payments from absent parents after parental rights have been terminated or a permanent entrustment has been executed and approved by the court, unless the parents have accrued arrears. The service worker must notify the eligibility worker in writing when termination of parental rights occurs.
- Support payments will not affect foster care payments made to foster parents.

#### 5.6.2 Court Ordered Child Support

- The petition requesting custody or foster care placement must also request that the issue of child support be addressed at the initial hearing.
- The court must address child support whenever a child is placed in foster care. (§63.2-909) The court may determine the amount of support at the initial hearing, schedule another hearing to determine support when DCSE staff can be present, or refer the case to the Division of Child Support Enforcement (DCSE) to determine the support amount.
- The local agency and district DCSE office will determine how DCSE staff will be informed of support hearings pertaining to children placed in foster care. The service worker is not responsible for determining the child support amount.
- If the service worker believes that the collection of support will interfere with the goal of returning the child home, the worker should inform the court at the hearing where child support is addressed of those specific concerns. Refer to Section 5.6.6.
- If the court orders support, the worker must complete the Interim Application for Child Support Enforcement Services and submit it to the district DCSE office within five days of the hearing. The worker must still provide the Absent Parent Deprivation/Paternity Information Forms to the eligibility worker as part of the Title IV-E referral process. If the worker is able to complete the full Absent Parent Deprivation/Paternity Information Forms and submit it to the district DCSE office within five days, the Interim Application for Child Support Enforcement does not have to be submitted to DCSE. A copy of the Absent Parent Deprivation/Paternity Information Forms submitted to DCSE should be

provided to the eligibility worker at the time of the Title IV-E screening (see Section 5.6.5).

#### 5.6.3 Securing Support for Children (Responsibility of Service Worker)

The service worker is responsible for identifying the absent parent(s) and completing the Absent Parent Deprivation/Paternity Information Form to provide information to DCSE staff regarding the absent parent(s) for whom paternity will be established and from whom support will be pursued. One form must be completed on each parent regardless of whether they are living together or apart. The information on the form should be accurate and up-to-date. The Absent Parent Deprivation/Paternity Information Forms must either be submitted to DCSE within five days of the court hearing ordering support or to the eligibility worker at the time of the Title IV-E screening, along with a copy of the court order addressing custody or placement and support or the non-custodial agreement.

- When children are placed in foster care through non-custodial agreements, the service worker is responsible for referring the case to DCSE at the time of the Title IV-E referral.
- The service worker shall keep a copy of all support information and forms in the foster care record.
- As soon as there are changes in the status of the foster care case or in the situation of the absent parents, the service worker must notify the eligibility worker in writing. Refer to Section 10.2.2: Notice of Changes Affecting Child Support.

#### 5.6.4 Identifying the Absent Parent(s)

For the purpose of foster care, "absent parent" is any person or persons whose parental rights have not been terminated who is required under law to support the child in custody of or placed with a local agency or public agency designated by the CPMT.

The "absent parent(s)" may be the birth parent(s) including the putative father or the legal parent(s). A prior custodian is not required under law to support a dependent child.

The Federal Parent Locator Service (FPLS) may be used for location-only information when the service worker is attempting to locate an absent parent and the case has not been referred for full DCSE services due to a good cause claim. The FPLS is accessed by completing the Virginia Department of Social Services Division of Child Support Enforcement "Application for Location Information" form, available on the VDSS Local agency site at <http://www.dss.virginia.gov/form/>. Workers should mail the completed form to the address on the form. DCSE will send a

written response to the worker in approximately ten days. FPLS information should be filed in the child's case record and all FPLS information obtained is to be kept confidential and not shared with other providers or individuals.

#### 5.6.5 Completing the Absent Parent Deprivation/Paternity Information Form

Information on the birth or legal parent(s) is needed on the Absent Parent Deprivation/Paternity Information Form in order to pursue support; including

- Names and addresses;
- Birth dates;
- Social Security numbers;
- Name and address of employers; and
- Names of parents and the relatives of the responsible person(s).

Title IV-E children are mandated to receive full DCSE services upon referral. The service worker must request full DCSE services for non-Title IV-E children unless good cause is claimed. The service worker must check statement (A) requesting all services offered by DCSE on the Absent Parent Deprivation/Paternity Information Form, Section II: Child Support Enforcement Services for Medicaid Recipients.

#### 5.6.6 Claiming Good Cause

In cases where the foster care plan has the goal of returning the child to the parent(s) and collection of support will interfere with achieving that goal, the service worker may claim good cause for the parent or parents to whom the child is to return. Claiming good cause will result in the case not being pursued by DCSE for collection of support.

A good cause claim should only be made when the support collection will interfere with the achievement of the plan of reuniting the parent(s) and child, resulting in emotional harm to the child. For example, a good cause claim may be made when the parent(s) situation results in the parent(s) possessing such limited financial resources that support collection would interfere with the parent(s) ability to meet conditions set forth in the foster care service plan or by the court and delay or prevent the child's return home. Homelessness, living in substandard housing, participation in full time mental health or substance abuse treatment programs, or serious illness are situations that could result in a good cause claim.

A good cause claim is not made for the parent to whom the child will not be returned.

Good cause is claimed when a parent signs a permanent entrustment agreement for the purposes of adoption or parental rights have been terminated.



The service worker has the following responsibilities:

- If the service worker believes that the collection of support will interfere with the goal of returning the child home, the worker should inform the court at the hearing where child support is addressed of those specific concerns. The court will determine the support amount.
- When completing the Absent Parent Deprivation/Paternity Information Form, if good cause is claimed, the worker indicates the reason for claiming good cause.
- If, after the court has ordered support or DCSE has determined a support amount, the support collection interferes with the goal of return home; the worker may stop the support collection by claiming good cause. The worker completes the Good Cause Determination Form (032-03-035) for each parent for whom good cause is claimed. The form is submitted to the eligibility worker who is responsible for forwarding it to DCSE. DCSE will stop pursuing support once good cause is claimed. For those cases where support is court ordered, DCSE regulations allow the local agency to claim good cause without obtaining court permission. The local agency should consult with its court to determine whether the court wants to approve changes in court ordered support or be notified when the agency claims good cause.
- If the court has determined at the initial hearing that support collection will interfere with goal of return home and has ordered that the parent(s) pay no support, the agency must petition the court to order support when the parent(s)' situation improves and the collection of support no longer interferes with the goal of return home.
- Once good cause is claimed, at each eligibility redetermination, the service worker is to notify the eligibility worker in writing whether good cause continues to exist.

#### 5.6.7 Responsibility of the Eligibility Worker

- The Title IV-E eligibility worker is responsible for ensuring that information provided by the service worker is provided to DCSE for the Title IV-E eligible child. The Medicaid worker is responsible for forwarding the Absent Parent Deprivation/Paternity Information Form to DCSE for non-Title IV-E children.
- The eligibility worker is responsible for notifying DCSE at each eligibility redetermination on the status of the good cause claim. The service worker is responsible for evaluating whether good cause exists.

#### 5.6.8 Responsibility of the Division of Child Support Enforcement

The Division of Child Support Enforcement will ensure the establishment of paternity where necessary, the establishment of a child support order where none exists, the

establishment and enforcement of health care coverage and the collection of support for children upon receiving the referral where good cause does not exist.

## **5.7 Arranging Visitation with Parent(s) or Prior Custodians**

Efforts to maintain contact with the parent(s) or prior custodians in accordance with the goal for the child must begin as soon as the child is placed in foster care.

- 5.7.1 The child and parent(s) have the right to visit and maintain communication with each other, unless visitation has been restricted by the court. (§63.2-912)
- 5.7.2 At the time a child is placed in foster care, the service worker must encourage visitation and arrange with the parent(s) a mutually agreeable plan for visitation and other communication such as phone calls, email and letters.
- 5.7.3 The worker is responsible for facilitating visits.
- 5.7.4 The frequency and location of the visits should be documented on the Foster Care Service Plan.
- 5.7.5 Parent(s) must not be prevented from visiting with their children because they do not have transportation. The agency must assist the parent(s), when necessary, to assure that visitation occurs.
- 5.7.6 If the agency wishes to terminate visitation, it must obtain court approval. If the plan for visitation changes, parent(s) must be notified in writing.
- 5.7.7 When a child is separated from siblings, the agency must arrange for regular visitation among the siblings.
- 5.7.8 The requirement to maintain contact between the parent and child also applies to parent(s) who are incarcerated or in a treatment program unless the court has restricted contact.

## **5.8 Referral for Services**

The service worker is responsible for referring the child and family to appropriate services identified through the assessment and service planning processes.

## **5.9 SSI and Other Potential Benefits**

The service worker is responsible for determining all financial resources available to the child, including SSI, governmental benefits, and private resources.

The service worker is also responsible for assessing whether a child in care may be eligible for other benefits and referring that child for eligibility determinations. These referrals should be made within the first six months of placement.

### **5.9.1 Eligibility for Supplemental Security Income (SSI) for Children**

An application for SSI should be considered if a child shows significant deficits for his or her age in cognition, communication, motor skills, social skills, personal/behavioral development or concentration in combination with any of the following:

- Requires special education placement;
- Experiences chronic illness or repeated surgeries;
- Had low birth weight;
- Functions three years or more below grade level;
- Misses excessive school due to medical, psychological, or behavioral problems;
- Has one of the following diagnoses: organic mental disorders; schizophrenia, delusional, schizoaffective, or other psychotic disorders; mood disorders; mental retardation; anxiety disorders; somatoform, eating, and tic disorders; personality disorders; psychoactive substance dependence disorders; autistic disorder; attention deficit disorder; or developmental and emotional disorder of newborn and younger infants;
- Receives multi-disciplinary therapies; i.e. speech, physical, occupational, psychological, etc;
- Requires highly supportive or structured settings to function;
- Requires adaptations (wheel chairs) to function;
- Has a condition, which will be fatal within a year;
- Has complete or marked inability to stand or walk;

- Has impairment causing complete inability to function independently away from home within age appropriate norms;
- Has had more than five foster home placements due to difficulty of care;
- Has major congenital organ dysfunction that may lead to death if not surgically corrected by age 1;
- Has marked restriction in performing activities of daily living; or
- Has a history of placement in specialized or therapeutic foster care, teaching home programs, group homes, or residential treatment facilities due to medical, psychological, or behavioral reasons or need for intensive support services.

#### 5.9.2 Representative Payee

For children in foster care, the local agency will generally serve as the representative payee for a child receiving Social Security benefits. As representative payee, the agency will receive the benefits and is responsible for ensuring that benefits are used to meet the needs of the child and accounting for the use of funds. When a child leaves foster care, the agency must inform the local Social Security Administration (SSA) office immediately of the change in placement. It must return accumulated SSI funds to SSA. SSA will disperse the accumulated SSI funds to the next payee for the child. All accumulated funds belong to the child.

##### 5.9.2.1 Lump Sum Retroactive SSI Payments

When a child receives SSI, local agencies must establish a Special Welfare Account for the child (See Section 5.10). When a child receives the initial retroactive lump sum SSI payment and the retroactive amount covers more than six months, local agencies must establish a separate “dedicated account” for the initial lump sum payment and keep these funds separate from the child’s other resources. A payment of retroactive benefits for six months or less can be released to the individual/representative payee. These funds do not count as income to the individual/child.

The agency shall not spend the lump sum funds to reimburse maintenance costs. (Only on-going monthly SSI payments may be used to reimburse maintenance costs). Lump sum funds of greater than six months may be used only for medical treatment, education or job skills training if related to the child’s impairment, personal needs assistance, special equipment, housing modification, therapy or rehabilitation, or other items or services as SSA deems appropriate. Other items have been defined as the following:

- Specialized day care or special education not included in the child's special education program;
- Food and veterinary care for a guide dog;
- Repair of walls, carpets, or furnishings that have been damaged by a child with a mental impairment;
- Counseling, crisis intervention, respite, or therapeutic foster care services not covered by health insurance or public service program;
- Repayment of a past debt, including reimbursement of a creditor payee, if the items or services provided were related to the child's impairment and benefited the child;
- Personal aids to facilitate living and learning, such as assistive technology for communication and mobility, modified instructional materials, and specialized transportation;
- Special food for children with dietary needs or diapers for older, incontinent children;
- Increased electrical bills resulting from needed mechanical devices that must constantly run.

Impact on eligibility for other resources: Accumulated retroactive funds in dedicated accounts do not affect SSI eligibility. Agencies have six months to spend down funds in dedicated accounts before these funds impact Medicaid eligibility. The child's Title IV-E eligibility may be affected if the child is not SSI eligible when the retroactive benefits are received.

Local agencies should obtain approval from their local SSA office regarding reimbursement of expenditures from the retroactive lump sum payment if they have questions about the appropriateness of a reimbursement. Local agencies are held liable for these funds if they are not used in accordance with the Social Security Administrations guidelines. Local agencies will be required to reimburse the recipient for the misuse of any funds identified by the SSA.

### 5.9.3 SSI and Maintenance (Title IV-E and State Pool Funds)

- 5.9.3.1 It is the responsibility of the service worker to inform the SSA at the time of application for benefits or when the agency becomes the representative payee for a child who is already receiving SSI whether the child is receiving Title IV-E benefits. SSI benefits will be reduced dollar

for dollar by the amount of Title IV-E funds the child receives. A Title IV-E child does not have to receive a Title IV-E payment. The agency may choose to receive only the SSI payment when a child is in a regular foster home. SSI benefits are not reduced for children whose maintenance is paid from State Pool Funds.

- 5.9.3.2 If a Title IV-E child is in a residential facility where the monthly maintenance rate is greater than the SSI payment, the child should receive Title IV-E benefits to pay for maintenance. If a child returns to a regular foster home, the worker should inform the SSA of the change in placement and maintenance rate so that SSI benefits can be reinstated.
- 5.9.3.3 When a child enters a Medicaid funded residential facility, the local agency is to notify the Social Security Administration of the placement in order to ensure that the child's SSI benefits are reduced to appropriate levels (currently, \$30 per month).

#### 5.9.4 Other Governmental Benefits to Which a Child May Be Entitled

- 5.9.4.1 The child may be entitled to certain benefits because of the death or disability of a parent. These include Veterans Administration (VA), Social Security (SSA), Railroad Retirement, etc.
- 5.9.4.2 The child may be eligible for medical services under the Champus/Tricare program, if a parent is in military service.

### 5.10 **Setting Up Special Welfare Accounts**

All benefits, including SSI, SSA, and VA for the child are to be placed in a special welfare account in the name of the child to be used for expenses on behalf of the child. For information on setting up a special welfare account and refunding expenses, refer to section 12.3 of this chapter.

### 5.11 **Obtaining a Medical Exam**

The service worker is responsible for ensuring that the child receives a medical examination, using the Early Periodic Screening, Diagnosis and Treatment (EPSDT) program, no later than 60 days after placement. EPSDT is a resource which makes health screening and treatment services available to Medicaid eligible children.

### 5.12 **School Enrollment Requirements**

- Within 72 hours of placing a school age child in foster care or after moving a child in foster care to a different placement, the local department shall, in writing, (i) notify the principal of the school in which the child is to be enrolled and the superintendent of the relevant school division of such a placement,

and (ii) inform the principal of the status of the parental rights of that child's parents. If the documents required by the school to enroll the child are not immediately available upon taking the child into custody, the placing social services department shall obtain and produce or otherwise ensure compliance with such requirements within thirty (30) days after enrollment. (§63.2-900 (d)).

(Forms to notify school districts of a child's placement in foster care or change in foster care placement are available in Appendix A at <http://www.localagency.dss.state.va.us/divisions/dfs/fc/forms.cgi>)

- The sending school division and the receiving school division may agree to allow the child to continue to attend the school in which he was enrolled prior to the most recent foster care placement, upon the agreement of the placing social services agency that such attendance is in the best interest of the child. (§22.1-3.4 (b)).

(See Appendix C for Casework Procedures and Core Practice Issues on Compliance with the items above).

The service worker, in cooperation with the parent(s) and resource, foster care and/or pre-adoptive providers, should also:

- Refer the child for an evaluation for special education if he or she is suspected of having a need for special education services;
- Monitor the child's educational progress through conferences with school personnel, attendance at IEP meetings; contact with foster care providers, and parents.

### **5.13 Setting Up the Payment Process for Providers**

The service worker is responsible for ensuring that the foster parents and other service providers receive appropriate and timely payments according to local policies and procedures.

### **5.14 Collecting Information That the Child Will Keep**

As soon as a child comes into care, the worker and the foster care providers should begin collecting information, pictures, mementos, and other items that may be used for a life book or given to the child when the child leaves care. (See Sections 9.5.4 and 9.16 for information about life books).

## 6. Initial Assessment

### 6.1 Initial Assessment Requirements

The initial assessment is the basis for selecting a specific foster care permanency goal and successful service planning. Completion of the Permanency Planning Indicator during the initial assessment may also support the selection of a concurrent goal.

The initial assessment shall:

- Be entered into OASIS within 30 days of acceptance of the child for placement and completed within 60 days of placement.
- Be entered into OASIS, using the OASIS assessment screen and completing all the required elements of the appropriate OASIS screens. The OASIS Assessment screens may be printed, signed and placed in the paper case record, if desired.
- Be based on the Child Protective Services Safety Assessment completed when the child was removed from the home. The completed Child Protective Services Safety Assessment must be copied and pasted into the appropriate element of the OASIS assessment screen. Safety factors taken into consideration include those that led to the transfer of the child's custody or placement to the department such as:
  - Factors influencing the child's vulnerability (conditions that result in the child's inability to protect self)

Whether the caretaker has:

- Caused serious harm to the child or threatened to cause harm;
- Previously maltreated a child in his/her care;
- Has failed to protect or provide the necessary supervision to protect the child from serious harm;
- Explained any injury to the child in such a way that is questionable or inconsistent with the nature of the injury;
- Refused access to the child by agency workers;
- Failed to meet the child's need for food, clothing shelter and/or medical and/or mental health care; and
- The child's physical living conditions are hazardous and threatening to the child.



Additional caretaker factors include:

- Caretakers substance use is seriously affecting their ability to supervise, protect or care for the child;
- Caretakers behavior toward the child is violent or out-of-control;
- The caretaker describes or acts towards the child in predominately negative terms;
- Child sexual abuse is suspected;
- Caretakers physical, intellectual or mental health seriously affects their ability to supervise, protect or care for the child.
- The child is fearful of the caretaker;

In addition to basing the initial assessment on the Child Protective Services Safety Assessment, all children entering care and the family members to whom they are to be reunited must be assessed based on consideration of at least the following factors:

- Background history about the child including but not limited to:
  - Emotional/behavioral functioning;
  - Family relationships;
  - Medical/physical functioning and needs;
  - Child development milestones;
  - Cultural/Community Identity;
  - Substance abuse;
  - Educational achievement and difficulties;
  - Peer/adult social relationships including the child's relationship to previous caretakers or other adults with whom the child might live;
  - Delinquent/CHINS behavior
- Background history about the child's family and/or previous custodians including but not limited to:
  - Substance use or abuse
  - Emotional stability;
  - Sexual abuse;
  - Resource management and basic needs;
  - Parenting skills;
  - Household relationships/domestic violence;
  - Caretaker abuse or neglect history;
  - Social or community support system;
  - Physical health; and
  - Communication skills.

When a child is referred to the Family Assessment and Planning Team (FAPT), the FAPT assessment may substitute for all of the initial foster care assessment as long as the requirements for the initial foster care assessment are met.

In addition, children receiving CSA funded maintenance and services must undergo a uniform assessment to assess behavior and functioning. For children, ages 7 and above, the child and adolescent functional assessment scale (CAFAS) will be used. For children, ages 4-7, the preschool and early childhood assessment (PECFAS) will be used to assess the child. The requirement for a uniform assessment does not apply to Title IV-E children who do not receive services from CSA.

(See Appendix C for Casework Procedures and Core Practice Issues on Initial Assessment)

## 7. Choosing The Goal

### 7.1 Introduction

Foster care goals have been established by state law in order to assure permanent planning for the child. The service plan for the child must specify one of the permanency goals listed below. The service plan should also specify the concurrent goal in those cases where an alternative permanency goal has been established. It must also document specific reasons why a particular goal has been selected and the reason for selection of a lower ranked goal over one of higher rank. The Foster Care goals are listed in a hierarchy indicating the order in which the goal must be addressed by the agency. Refer to Section 9: Service Delivery for more information about each goal.

Goals, in order of priority, are:

### 7.2 Return To Parent(s) Or Prior Guardian

The intent of this goal is to return the child to the parents or prior custodian when it can be safely accomplished. Reunification is the planned process of safely reconnecting children, their families, and their communities. This is the highest priority goal and, in most cases, is the initial goal chosen when a child comes into foster care. Refer to Section 9.3 for information related to service delivery for this goal.

### 7.3 Placement With Relatives

The intent of this goal is to place the child with relatives and transfer custody to relatives. Refer to Section 9.4 for additional information on this goal.

### 7.4 Adoption

The intent of this goal is to achieve a permanent home for a child through adoption. The Adoption and Safe Families Act of 1997 requires that an agency petition for termination of parental rights of a child if the child has been in care for any 15 of the last 22 consecutive months. An agency would not petition for termination of parental rights if:

- It can document and provide compelling reasons why it is not in the best interests of the child to terminate parental rights,
- The child resides with relatives, or
- Services have not been provided to the parent to return the child home safely.

Refer to Section 9.5 for information on providing services to achieve the goal of adoption. An agency may choose adoption if one or more of the following conditions can be documented:

- The child has been abandoned by the parent(s) and their identity cannot be determined. After three months no one has come forward to identify or claim a relationship to the child. (§16.1-283 D)
- The parent(s) have disappeared or failed to maintain continuous contact with the child after foster care placement for a period of six months or more. (§16.1-283 C.1)
- Living with the parent(s) would be dangerous and detrimental to the child's health and welfare. (§16.2-283 b)
- The parent(s) is unable to correct the conditions that led to the child's foster care placement. (§16.1-283c)
- Conditions in the family situation, including parent/child or sibling relationships, are harmful to the child. (§16.1-283B).

#### 7.4.1 The parent has been convicted of serious crimes

- The parent has been convicted of murder or voluntary manslaughter, or a felony attempt, conspiracy, or solicitation to commit such an offense against (i) a child of the parent, (ii) a child with whom the parent resided at the time of the offense, or (iii) the other parent of the child.
- The parent has been convicted of felony assault or bodily wounding resulting in serious bodily injury or felony sexual assault of (i) a child of the parent or (ii) a child with whom the parent resided at the time of the offense. Serious bodily injury means bodily injury resulting in substantial risk of death, extreme physical pain, protracted or obvious disfigurement, or protracted loss or impairment of a bodily member, organ, or faculty.
- A parent has subjected any child to aggravated circumstances. Aggravated circumstances mean torture, chronic or severe abuse, or chronic or severe sexual abuse where the victim is (i) a child of the parent or a child with whom the parent resided at the time such conduct occurred and includes the failure to protect a child from such conduct where that conduct or failure to protect (i) demonstrates depraved indifference to human life, or (ii) resulted in the death of a child or serious bodily injury to a child. Chronic abuse or chronic sexual abuse means recurring acts of physical abuse that place the child's health, safety or well-being at risk. Severe abuse and severe sexual abuse means may include an act or omission that occurred only once but meets the definition of "aggravated circumstances." (§16.1-281 (b) and § 16.1-283 (e)).
- The local board having custody is not required to make reasonable efforts to reunite the child with a parent convicted of a serious crime against such child or any other child who resided with such parent at the time of such offense. (§16.1-283 e)

- A sibling of the child has had parental rights involuntarily terminated. (§16.1-283 e and f)
- The parent(s) has requested to be relieved permanently of responsibility for the child. (§16.1-278.3)
- One or both of the parents have died and the surviving parent or family members are unable or unwilling to take responsibility for the child. (§16.1-283 c)

## **7.5 Permanent Foster Care**

Selection of this goal and placement of a child in a permanent foster home occurs only after a determination that the return home, placement with relatives, or adoption of the child are not reasonable alternatives. This goal is selected when the child has developed a relationship with a foster family. The intent is for the child to remain with the foster family permanently. Refer to Section 9.6 for more information about permanent foster care.

### **7.5.1 Legal Authority for Permanent Foster Care (§63.2-908)**

- The agency must petition the court to approve a permanent foster care placement for a child. A residential facility is not a permanent foster care placement.
- The court must determine that diligent efforts have been made to return the child home, place the child with relatives, or place the child for adoption prior to approving the permanent foster home placement.
- The court order approving the permanent foster care placement must specify (i) the nature and frequency of visitation by the birth parents, and (ii) any modifications in rights and responsibilities of the foster parents that differ from those provided in §63.2-908.

### **7.5.2 Other Considerations in Choosing This Goal**

- Permanent foster parents have legal authority to consent to surgery, military service, marriage, application for driver's license and college admission, and other activities requiring parental consent and should be willing to assume most of these responsibilities.
- A positive relationship should exist between the child and the foster parents.
- The child should be age 12 or over. In some situations, permanent foster care may be appropriate for younger children; for example, when a younger child is to be placed with older siblings. In these

situations, the foster care and adoption regional consultants must be contacted before the petition is filed for the permanency planning hearing. The purpose of this contact is to ensure that the higher-ranking goals have been considered appropriately.

#### 7.5.3 The Permanent Foster Care Agreement (§§63.2-908, 63.2-902)

The agency must enter into a written agreement with the permanent foster parents which describes the roles and responsibilities of the foster parents, agency, and parent(s). The agreement should include any requirements on the court order. ([See Appendix A for a sample Permanent Foster Care Agreement Form](#))

### 7.6 Independent Living

This goal may be chosen for youth, ages 16 and over, who are preparing for independent living when all other goals have been considered and are not feasible. This goal does not require that the youth be living in an independent living arrangement. Refer to Section 9.7 for additional information.

### 7.7 Another Planned Permanent Living Arrangement

The selection of “another planned permanent living arrangement” (§16.1-282.1. a) is appropriate only if the child has a severe and chronic emotional, physical or neurological disabling condition for which the child requires long-term residential treatment of six months or longer.

The agency proposing this goal for a child must document the following in the foster care service plan:

- The agency has thoroughly investigated the feasibility of the following placement alternatives: return to parent(s) or prior custodian, placement with relatives, adoption, permanent foster care, and independent living, and determined why none of these alternatives are currently in the child’s best interest;
- Compelling reason(s) why none of the alternative goals are achievable for this child at this time;
- Identity of a long-term residential treatment service provider;
- Nature of the child’s disability;
- Anticipated length of time required for the child’s treatment; and
- Status of the child’s eligibility for admission and long-term treatment.

If the court approves the goal of “another planned permanent living arrangement” for a child, the court must schedule a foster care review hearing to be held within six months from the date of the permanency planning hearing to review the child’s placement in “another planned permanent living arrangement.” At the conclusion of the foster care review hearing, if the goal of “another planned permanent living arrangement” remains the permanent plan, the court must indicate on the order that reasonable efforts have been made to place the child in accordance with the permanency plan. The court must also continue to monitor the child’s status with a hearing every six months and each order must indicate reasonable efforts have been made in accordance with the permanency plan.

The agency must file a petition for a foster care review no later than 30 days prior to the scheduled six-month hearing.

If at any time during the six-month period, the treatment provider determines the child no longer needs long-term residential treatment, the agency shall begin to plan for post discharge services and, within 30 days, petition the court for a permanency planning hearing. The court shall schedule the hearing to occur within 30 days of notification.

## **7.8 Continued Foster Care**

Continued foster care cannot be achieved and should only be chosen when all others goals have been excluded.

## 8. Preparing The Initial Service Plan

### 8.1 Introduction

There must be a service plan for every child in foster care. Federal and state law require that the safety of the child must be the paramount concern in service planning (§16.1-281).

The service plan must directly address any needs or conditions that led to the placement of the child as defined in the Child Protective Services Safety Assessment and the Foster Care Initial Assessment as needing remediation. Any appropriate service must be made available to a foster child when that service is documented as needed in the child's foster care service plan or individual family service plan (IFSP).

(See Appendix C for Casework Procedures and Core Practice Issues on Service Planning Practices)

### 8.2 Foster Care Service Plan Format Requirements

Agencies may use the following:

- The Foster Care Service Plan or
- The Individual Family Service Plan (IFSP) developed by the family assessment and planning team or a service plan developed by the agency if the plan meets the requirements of the Foster Care Service Plan listed in the following sections and is accepted by the court as a substitute. (§16.1-281)

(See Appendix C for Casework Procedures and Core Practice Issues on Integrating the Service Planning Process and the FAPT).

### 8.3 What Must be Included in Preparing the Service Plan

The *Code of Virginia* (§16.1-281) and federal law describe the requirements for the Foster Care Service Plan.

The plan must include:

- The reasons the child came into care and why placement is needed
- The services offered to prevent removal of the child from the home of the birth parents/prior custodians



- The child's situation at the time of placement in relation to the child's family. Information regarding the child's health and educational status must also be included.
- The nature of the placement or placements that will be provided the child. This must include a description of the type of home or facility in which the child is to be placed.
- A discussion of the appropriateness of the placement, which should include the efforts made to place the child in the least restrictive (most family like) setting available that can meet any special needs of the child, and the efforts made to place the child in close proximity to the parent's home.
- A discussion of how any court orders in respect to this child were carried out
- The needs, which must be met to achieve the goal for the child. Needs should be identified for the child, the birth parents/prior custodians, and foster parents. The needs should include a plan for visitation between the child and parents/prior custodians. If siblings are separated, a plan for visitation with siblings should also be included.
- The permanency goal selected for the child and family including the rationale as to why this goal is selected
- If a concurrent permanency plan is developed, the service plan must identify the alternate goal selected for the child and the needs and services related to achieving the alternate goal.
- The program, care, services and support which will be offered and a discussion of how these services will meet the specific needs of the child, parents/prior custodian, and foster parents. For teens 16 or over, the specific independent living services to meet the needs of the youth to assist the youth, family and foster family or care provider in the youth's transition to independence
- Target dates for completion of the services provided to the child, the parents/prior custodians, and foster parents
- Responsibilities, including conduct and support, which will be sought from the parents or prior custodians, which should include target dates for completion

- Responsibilities assigned to the child, the foster parents, adoptive parents, or other foster care provider with target dates for completion
- The projected date for goal achievement
- An indication of whether the child, parents or prior custodians, or foster parents were involved in the planning process. If the parents/prior custodians were not involved, the reason must be explained

The items above are covered in Part A of the Foster Care Service Plan

A separate section of the foster care service plan or the IFSP must be completed when the child cannot be returned to parents or prior custodians. This is Part B of the Foster Care Service Plan form. Depending on the goal for the child, it must:

- Include a full description of the reasons the child cannot return home
- Describe the opportunities for placement with relatives with the intent to transfer custody to them
- Include a plan to lead to termination of parental rights within the time frames specified in the adoptive placement plan (See Section 10.1.9)
- Specify why each goal of a higher priority cannot be achieved
- Explain why where appropriate, permanent foster care, independent living, or continued foster care is the plan for the child

#### **8.4 Who Must Be Involved In Preparing The Service Plan**

The worker responsible for case management (local department or other public or private agency) must involve the parents or prior custodians, foster parents, resource parents, pre-adoptive parents, residential care providers, and, as appropriate, the child in service planning. Local agencies must attempt to involve all relevant agencies and individuals in service planning. Parental consultation in developing the service plan is essential except when parental rights have been terminated or the local department of social services or other designated agency has made diligent efforts to locate the parent(s) and such parent(s) cannot be located (§16.1-281).

The service worker may refer a foster care case for staffing and development of an Individual Family Service Plan (IFSP) to the Family Assessment and Planning Team (FAPT). The service worker's decision to refer a case to the FAPT will be guided by local Community Policy and Management Team (CPMT) procedures for referral.

(See Appendix C for Casework Procedures and Core Practice Issues on Who Should be Involved in Preparing the Service Plan)

## **8.5 Completion of the Foster Care Service Plan**

A full service plan on all children must be completed and filed in the case record within:

- Sixty days of custody/placement (whichever comes first) of a child through court commitment, non-custodial foster care agreement, or a permanent entrustment agreement; or
- Within 30 days of signing of a temporary entrustment for a placement of 90 days or more; the plan is the basis for requesting court approval of the entrustment.

## **8.6 Submission of the Foster Care Service Plan to the Court**

The completed service plan must be submitted to court within 60 days of custody or placement, unless the child:

- Is living in his/her own home
- Is in an adoptive placement
- Has had a plan previously filed with the court as a result of the agency's seeking court approval of a temporary entrustment or non-custodial foster care placement

The judge may extend the time for submitting the service plan to the court an additional 60 days. The agency must still have a completed service plan in the record within the first 60 days of placement to comply with federal regulations.

For a temporary entrustment of 90 days or more, the plan must be submitted to the court within 30 days of signing the agreement.

## **8.7 Distribution of the Foster Care Service Plan**

The worker submits the foster care service plan transmittal with the names and addresses of the following individuals along with a copy of the entire Foster Care Service Plan to the court. The court is responsible for forwarding the service plan to:

- The attorney (GAL) for the child;
- The child's parent(s) or any other person standing in loco parentis, unless they have been permanently relieved of the care and custody of the child; and

- Other persons the court deems appropriate, such as the court appointed special advocate.
- A copy of the plan, excluding the section describing why a child cannot be returned home (Part B of the Foster-Care Service Plan) is sent by the court to the foster parents, resource parents or preadoptive parents. When a placement changes, the agency must send a copy to the new placement provider.

### **8.8 Dispositional Hearing to Review the Foster Care Service Plan**

The court will review and approve the plan at the dispositional hearing occurring within 75 days of the preliminary removal hearing or a hearing that brought the child into care, or when there has not been a previous court hearing, within 75 days of when the child entered foster care. If a child is entrusted, the court will approve the plan at the hearing when the entrustment agreement is approved.

The court and agency must make reasonable efforts to ensure that parents receive notice of the dispositional hearing. At this hearing, the foster care review hearing date is set to occur within six months and appropriate individuals are provided notice to attend the next hearing.

Because of the requirement to hold a permanency planning hearing 14 months after placement, parents should be informed no later than the dispositional hearing of:

- What the agency expects of them;
- The importance of assisting in developing and cooperating with the service plan requirements;
- The existence of a concurrent permanency plan goal and rationale for such a goal should the child not be able to return home; and
- The length of time they have to make changes necessary for the return of their children.

### **8.9 When a New Service Plan is Required**

After the initial service plan is developed, a new plan is required:

- As a result of a change in goal (this plan must be submitted to the court)
- For the permanency planning hearing
- When a child returns from a commitment to the Department of Juvenile Justice.

**8.10 When a Child Returns to Foster Care**

When a child's legal custody has been returned from the agency to his/her parents or prior custodians and the child returns to agency custody and into a foster care placement, it will be considered a new placement. A new service plan must be completed and all requirements for Foster Care Service Plans met.

When a child returns home to his/her parents or prior custodians, remains in the custody of the local agency and then returns to foster care placement, it will be considered a new placement if the child was home for six months or longer. A new Foster Care Service Plan must be completed and scheduling court hearing and administrative reviews start from the new placement date.

If the child was home for less than 6 months and returns to an out-of-home placement, he/she will be considered to be in the original placement and all scheduling for service plan, administrative panel reviews and hearings will continue from the original placement date.

## 9. Service Delivery

### 9.1 Principles and Philosophy of Permanency Planning

Permanency planning is an on-going process that first and foremost must consider the best interests of the child. The permanency planning process begins when the first contact is made with the child and family. The planning process continues until the health and safety of the child is assured and services are terminated.

Core concepts and principles upon which permanency planning depends include:

- Health and safety are paramount,
- Best interest of the child controls case decisions,
- Reasonable efforts by the local department of social services,
- Reasonable progress by the parents,
- The child's sense of time, and
- Concurrent planning.

#### 9.1.1 Health and Safety

Health and safety are the paramount factors that must be considered when determining the best interests of the child. In exploring permanent options for children, consideration must be given to the physical safety and emotional security of the environment. Safety relates to the conditions of the home environment, or the behavior or physical/mental condition of a family member. Health relates to the family's capacity to meet both the physical and mental health needs of their child.

#### 9.1.2 Best Interest of the Child

"Best interest of the child," is defined as the physical safety, including food, shelter, health and clothing, and emotional well-being of the child. The child is removed from his/her home pursuant to a judicial determination that continuation in the home would be contrary to the welfare of the child, or it is in the child's best interest to be placed in foster care or there is no less drastic alternative than removal of the child from his or her home. A child's need for a permanent home addresses the need for stability and continuity of relationships with parents, siblings and other relatives.

#### 9.1.3 Reasonable Efforts by the Local Department of Social Services

Federal and state law requires that children not linger in foster care. Reasonable efforts must be made to reunite the child with his or her family. Reunification services must be provided to the child and parents early in the placement process to ensure that they have adequate time to remedy the conditions that brought the child into care. Social workers will document that reasonable efforts are made to prevent or eliminate the need to remove a child from the child's home and to reunify the family when temporary placement of the child occurs.

The intent of providing services to children in foster care and their families is to achieve the permanency goal established for the child by implementing the child's service plan. A wide range of services can be provided to a child and family to achieve the permanency goal for a child. These include, but are not limited to, day care, respite, counseling, parent training, recreation, transportation, and intensive home based services. Each permanency goal selected affects the type and delivery of services provided.

#### 9.1.4 Reasonable Progress by the Parents

The paramount concern in reunification is ensuring the safety and well being of the child. Social workers will continually evaluate the family to determine that any concerns related to the child's safety or health are met and are documented in the record. Periodically evaluating the family's progress toward reunification will assist in determining if the appropriate services are being provided and if the family is following the service plan.

Indicators of progress toward reunification include:

- The risk that necessitated the intervention is no longer present and there is no other risk that jeopardizes the safety of the child.
- The parents have cooperated and successfully completed the service plan objectives.
- Visitation and trial home visits are successful and have increased in length and frequency.
- The child has dealt with his or her feelings about the separation through counseling or some other effective means.
- The child has been prepared for the reunion and has received support in acknowledging his or her feelings about returning home and separating from the current placement.
- The court has given approval of the goal of return of the child to the parents' or prior custodians' home.

#### 9.1.5 Child's Sense of Time

Children have a different sense of time than adults. What seems like a short family disruption or a brief separation to adults may be a very painful and intolerable long period for children. In general, younger children are less able to tolerate periods of separation than older children.

Social workers must act promptly, using the best information available when dealing with children and their families. Aggressive planning and intervention with a prompt emphasis on decision making, followed by the actions to carry out those decisions, will help to secure a permanent home for children.

### 9.1.6 Concurrent Planning

Concurrent planning is a practice that facilitates permanency planning for children in foster care. The definition of concurrent planning is “a structured approach to case management which requires working towards family reunification while, at the same time, developing and implementing an alternative permanency plan.” Concurrent planning is used with cases that have a permanency goal of return home but have a poor prognosis for return home. In most cases, the concurrent plan will be placement with a relative or adoption. The Adoption and Safe Families Act (ASFA) allows agencies to engage in concurrent planning while making reasonable efforts to reunite the family. Concurrent planning replaces sequential planning in foster care by simultaneously exploring possible relative options and/or identifying a resource family that can serve as both a foster and adoptive family to a child.

The desired outcomes from concurrent planning are decreased length of stay in foster care, fewer placement moves, and fewer children in long-term foster care. These outcomes assist in maintaining continuity of care for children and, thus, healthier attachments to caretakers.

There are six processes that support concurrent planning.

- Determine paternity early. Not only do birth parents have a right to receive reunification services, limited resources should not be wasted on providing services to someone who is not the birth parent.
- Early permanency assessment. To determine whether a concurrent plan is needed, the social worker completes a Permanency Planning Indicator (see Appendix) with the parents during the initial weeks of foster care. Documentation from other individuals and sources may be included. The Permanency Planning Indicator identifies family strengths that indicate strong potential for reunification as well as indicators of weak potential for reunification. The assessment is done once, as early in the process as possible, to determine if the child needs placement into a resource family. The permanency assessment is not a risk or safety assessment. Reassessment of safety factors related to the child’s return to the parents consists of review of the parent’s visitation with the child and progress with the case plan.

There are five weakness indicators on the assessment that always warrant a concurrent plan. They are extreme conditions making family reunification a very low probability: catastrophic prior abuse, dangerous life style, significant CPS history, and inherent deficits from severe mental illness. The overall strengths and weaknesses identified in the assessment are weighed to determine whether a concurrent plan is needed for a child.

The potential for reunification assessed through completion of the Permanency Planning Indicator helps to determine the appropriate placement for the child and helps the social worker to be realistic with the parents. A poor indicator of reunification does not justify reducing the level of reunification services provided to the family.



- Early relative search and permanency assessment. A thorough identification of extended family members is completed with the parents and other sources. Relatives are assessed for their appropriateness to provide a temporary and a permanent home to the child. Interstate referrals are initiated as quickly as possible.
- Service plan content. The service plan indicates what the permanency planning goal is for the child and the concurrent goal. The plan delineates the objectives and services for both plans. Strength and weakness information from the Permanency Planning Indicator is incorporated into the plan.
- Match resource families with children from families with a poor prognosis for reunification. Families may be dually approved as foster and adoptive families. When a child with a poor prognosis for return home does not have a potential placement with a relative as the concurrent plan, the child is placed with a family who can be available to meet the child's needs for as long as necessary either through adoption or foster care. There may be a planned placement from a temporary foster home into a resource family.
- Explore voluntary relinquishment. Parents need to understand all of their options in regard to permanency planning, including making a voluntary plan for adoption of their child, if they are going to be truly empowered to choose the future that is best for their child and themselves. This option is discussed when the choices of permanency planning goals are introduced to the parents.

There are three practices essential for concurrent planning.

- Establish and maintain firm timelines. The case plan details the timelines for service delivery and achievement of outcomes. Parents need to be regularly reminded of the timelines.
- Use full disclosure. Parents have a right to know what foster care and permanency planning is about as they ultimately decide the outcome of the case through their behaviors and choices. Full disclosure is the respectful discussion with parents so that they will have clear information about the following:
  - Reunification standards and expectations;
  - Parent's rights and responsibilities;
  - Importance of staying connected to their child;
  - How foster care, by its very nature, has the potential to cause harm to their child;
  - How a permanent placement is so vital to their child's well being;
  - Factors in the family's history that may make reunification more difficult; and
  - Consequences of not reunifying and the steps the social worker is taking to provide an alternative permanency safety net for the child through identification and implementation of a concurrent plan.

- Explore permanency with caregivers: In addition to full disclosure to parents about concurrent planning, equal candor must be used with all other parties involved, including the child, the court, the foster parents, CASA, attorneys, and relatives.

ASFA also requires that once an agency files a petition to terminate parental rights (TPR), it begin the process of recruiting, identifying, and approving an adoptive home for the child. Agency social workers do not need to wait until the TPR Order is final to begin adoption recruitment. The intent of concurrent planning is to reduce delays in finding permanent homes for children. Social workers no longer have to eliminate one goal before working toward another for a child. (See Section 9.5.1 and Volume VII, Section III, Chapter C, section 3.D.2.3)

The goal of permanency planning is to assure that children are in safe, permanent homes as quickly as is consistent with their health, safety and well being while recognizing the urgency caused by the child's sense of time.

## 9.2 The Team Approach

The Code of Virginia (§16.1-281 and 282) requires the involvement of the court, agency staff, birth parents, foster parents and providers, foster children age 12 and older, adoptive parents when the goal is adoption, service providers, and other interested parties in the service planning and review process. The members of the "permanency team" are to work collaboratively to ensure that children in foster care achieve stable and permanent homes. The permanency team identifies the appropriate services, encourages the on-going involvement of the parent(s) or prior custodians, and provides a unified approach to service delivery. The team also monitors progress towards the goal.

The Family Assessment and Planning Team (FAPT) exemplifies the use of a permanency team to plan services for children and families with diverse needs served by multiple agencies. The needs of children and their families can be best met through an open and cooperative team approach where information is shared, team members consulted, and services coordinated among team members.

### 9.2.1 Team Members Responsibilities

The needs of children and their families can be best met through an open and cooperative team approach where information is shared, team members consulted, and services coordinated among team members. Team members have specific and identifiable responsibilities and rights.

The Parent(s) will be engaged in planning for themselves and for their child. An outcome based service plan that addresses the health, safety, and well being of the child is developed in writing, and all parties to the planned return are provided with a copy, including the court. The parent(s) will follow the service plan and demonstrate an increased capacity to parent. The parent(s) will assure the child's health and safety are

protected as evidenced by successful parent-child visits and appropriate involvement in parental responsibilities. The parent(s) will demonstrate an ability to care for himself or herself and a child financially. The parent(s) will accept responsibility for preventing maltreatment of the child and develop an ongoing support network to ensure continued safety of the child at home.

The Social Worker has a corresponding responsibility to make reasonable efforts to reunify the family. This means the social worker must ensure the family is provided appropriate and timely services to facilitate changes necessary for reunification. The social workers role can change depending on the needs of the case. Activities that support this role include:

- Sharing information with permanency team members ( the families and members of the helping team);
- Assuring full disclosure of expectations;
- Assessing if services are timely and appropriate;
- Assuring and documenting reasonable efforts on the part of the social worker;
- Assuring and documenting reasonable progress on the part of the parents;
- Addressing how to remove barriers to services, including parental ambivalence;
- Assessing whether the parent is making the necessary behavioral changes in the conditions which led to the removal of the child;
- Engaging the parent in planning for themselves and for their child;
- Reviewing the current service plan and developing a new service plan if needed;
- Reviewing clinical material from service providers;
- Assessing whether placement is the only safe intervention at this time or whether, with assistance, the child can be safe and healthy while in the care of the family;
- Determining if continued clinical intervention and protective reunification services will help the family safely reunite earlier. If so, determine the preferred safety supports and reunification services needed. Determine if the family has an adequate safety network;
- Facilitating and planning sibling visits to maintain a family bond; and
- Discussing any changes in visitation and documenting the visitation plan in a letter to the parent. (This is a critical decision and will be discussed first with the supervisor and the decision documented in the case record).

The social worker will need to help the caregiver address the conflicting feelings that are inevitable in foster care where the caregiver must be attached enough to a child to care for and nurture him/her, yet be able to “let go” when the time comes for reunification.

The Foster Parent/Relative Caregiver should, whenever possible, participate in reunification activities such as supervised parent-child visits and possibly coaching and mentoring birth parents. Foster parents can assist with planning for the child’s needs, behaviors and adjustment to placement. Foster parents need to support the goal of reunification with specific outcomes.

The best outcomes for children are facilitated by foster parents who are willing to supplement the capabilities of birth parents – not supplant them – and who nurture the child and assist in meeting the child’s developmental needs. To achieve permanency for children, foster parents participate in effective alliances with the agency, birth parents and others in providing services for reunification, concurrent planning and guiding older youth toward independence. Reunifying children with their families requires foster parents to perform two extremely important functions:

- Commitment to a child’s care and well-being while in their home and at the same time
- Investment in the child’s successful reunification.

Foster parents are asked to prepare for reunification while simultaneously planning with the social worker for alternative permanency options. Although this is an extremely difficult task, it is necessary for the child’s stability in the foster home as well as the achievement of timely permanency.

Service Providers are those professionals and individuals who provide services and support to the parent and child. Such professionals may include social service providers, school or day care personnel, health care providers, and any called for in the service plan. The services and supports provided to the family are identified in the outcome based foster care service plan. Service providers should contact the social worker at least monthly with information and observations about the intervention progress and the ongoing safety and well being of the child.

Older Children in Foster Care (generally, age 12 or over) are identified as members of the permanency team in the Code of Virginia. The social worker should seek input from foster care children of all ages who are capable of communicating their wishes and consider these during assessments, service planning and re-assessments for the review process.

### **9.3 Return to Parent(s) or Prior Custodians**

In most situations, the initial permanent case goal is to reunite the child with his family or prior custodians. Any and all necessary services are provided to implement this goal until:

- The family has stabilized, the child is returned home, and the court case is dismissed; or
- The worker has documented that the conditions that necessitated the original removal have not been corrected although sufficient time and services have been provided and another goal is approved.

Exceptions to return/reunification as the initial permanent plan case goal are:

- Voluntary relinquishment by all parents (natural, legal, putative, and alleged);
- A petition for termination of parental rights has been filed on the parent(s); or
- The court has found that reasonable efforts to reunite are not required.

### 9.3.1. Focus of Services

In order to prepare the child and family for return/reunification, the following steps should be taken:

- Provide services as expeditiously as possible to the child and family (make reasonable efforts) to alleviate the conditions that brought the child into foster care and return the child to the parent(s) or prior custodians as soon as possible.
- These services may include, but are not limited to, direct services to the child, visits by the social worker to monitor the child's adjustment, and referral for services such as counseling, day care, medical care, etc. Services to the family may include direct supportive contact by the worker as well as referral for counseling, etc.
- Monitor implementation of the service plan, modifying or changing the plan as needed. Discuss the service plan with the family regularly to ensure understanding, cooperation and progress. The discussion will also provide an ongoing and continuing evaluation of the child and family's needs and capabilities throughout service provision. When risk to the child is relevant, assess risk on an on-going basis.
- Encourage and maintain the regular involvement of family members to facilitate the return home through visitation with the child and shared decision making on behalf of the child. The worker must arrange visitation with the family unless disallowed by court order.
- Provide services to meet the needs of the child in an approved setting until the child is returned home.
- When a child is returned home and custody remains with the local department of social services, provide appropriate support services for the child and family to prevent the child from returning to care.

### 9.3.2 Assessing for Return Home

When deciding whether to recommend to a court that children in placement should be returned home to their parents' care, the local department of social services will consider whether the parents have made reasonable progress in correcting the conditions that led to the removal of their children from the home. The parents have achieved the outcomes of the foster care service plan in such a manner that the conditions determined essential to the child's safety and well-being have been met. Whether the family is ready to be reunified is a topic that will be addressed directly and openly at every foster care team staffing.

A foster care team staffing is intended to engage the family in the process of making a plan for the safe return home of the child. Social workers will make substantial efforts when planning a staffing to be flexible and attempt as much as possible to schedule meetings at a time and place where parents can attend. Consideration will be given to the parents' work schedules, transportation issues, availability of interpreter, the parents' primary language of communication, need for child care, and any other barriers that might prevent parents from participating.

### 9.3.3 Criteria for Return Home

The assessment process is a crucial element in permanency planning and the casework process. It is critical to evaluate whether families have substantially fulfilled their obligations as agreed to in the service plan and corrected the conditions that led to the placement of their children to enable the children to be returned home. Reasonable progress by the parents is demonstrated by a change in the behaviors or circumstances that threatened the child's best interests, safety or well-being.

The assessment inquiry will include but not be limited to the following:

- Has the problem that led to the maltreatment been sufficiently addressed and resolved, and how has it been addressed and resolved?
- Have the parents adequately completed the tasks required of them in their service plan? Were the tasks relevant to the family's problems and risk/safety concerns?
- What are the characteristics, needs and behaviors of the children returning home? Have the children dealt with feelings about separation and if so, how? Have the parents been educated about these? Have they demonstrated they will be able to manage them?
- What special services will the children need when they return home and are the parents aware of the special services? Have the parents been given an opportunity to demonstrate behavior consistent with providing and participating in the special services while the children were in care?
- Do the parents have their own support system? Will they realistically use this support system, especially in times of crisis? Who does the support system consist of? Are those individuals aware of their role in providing a safety net for the family?
- In what manner will the children be returned home? If the family has more than one child in care, will they all be returned home at the same time or will they be returned in gradual stages to allow for an adjustment period of both children and parents?
- What does the family need before the children return home and does the family need assistance obtaining these services?
- Has visitation between the child and family been successful and increased in length and frequency, with reduced supervision?
- Have arrangements been made to see that the child and family are adequately monitored and supported, both during and after the child is returned home, until the court returns legal custody to the family or prior custodian and the case is closed?
- Is there a service plan that addresses the health, safety, and well-being of the child and all parties to the planned return have a copy, including the court? Does the service plan consider the family's ability to financially support all family members,

including the child? Does the worker need to request the court order continued supervision once the child is returned home?

- Have criminal background and central registry checks been completed on all adults in the home prior to beginning visitation and if necessary, prior to returning the child home? (See Section 4.1.6)

Prior to reunification, a reunification staffing should be held where the parents/caretakers are invited to discuss their perception of their progress, whether they are ready for reunification and any issues or concerns. If the consensus of the reunification staffing is that return home can safely be achieved, a target date will be set. Additional expectations will be discussed and documented such as the child's ongoing health care and educational needs.

#### 9.3.4 How the Team is Used

The team ensures the provision of appropriate services, the on-going involvement of the parent(s) or prior custodians, and the unified approach to service delivery as well as monitors progress toward the goal. Because the goal is return home, the parent(s), guardians, or prior custodians should be involved in making decisions regarding the child. The foster parents and providers should encourage the continuing relationship between the child and the parent(s) or guardians.

#### 9.3.5 Indicators of Progress

Reasonable efforts by the agency – agency services:

- What services are included in the case plan?
- How have the services affected the parents' behavior or skills?
- What services are not in place and why not?
- Have social workers been diligent in implementing the case plan?
- What has happened since the case came into the system and the case plan was developed?
- What needs to happen to make return home possible?

Reasonable progress on the part of the parents may include:

- Increased capacity to parent and to assure the child's health and safety as demonstrated by successful parent-child visits, appropriate involvement in more parental responsibilities; e.g. doctor appointments, parent-teacher conferences, group therapy, involvement in recreational activities, better financial management, etc.;
- Demonstrated ability to care for themselves so that they can meet the needs of the child;
- Demonstrated improvement in parental choices, decisions and relationships, which lead to a safer and healthier environment for their children;
- Participation in the recommended services and demonstration of change, such as improved parenting, participation in counseling sessions;

- Acceptance of responsibility for maltreatment of the child and demonstration of empathy for the impact of the effects of the maltreatment on the child.
- Ability to ask for and accept help; and
- Establishment of an ongoing support network consisting of other family members, neighborhood or community, church, etc.

A lack of reasonable progress on the part of the parents to correct conditions that led to the removal of the child and other good reasons to consider alternatives to return home may include:

- An ongoing pattern as a perpetrator or a victim of domestic violence and refusal to participate actively in treatment services or initiation of new relationships in which there is violence.
- Continued residence with someone dangerous to the child and refusal to separate after having been advised of the dangers.
- Failure to remedy, with assistance housing or housekeeping standards that are a threat to health or safety or to seek economic resources when lack of resources is a major barrier.
- Continuing to miss visits with children, to come late for visits, or while visiting appearing uninterested or openly rejecting the child or being abusive or continually upsetting children during visitation by verbal abuse, eliciting guilt, or by making unrealistic promises.
- Restricted ability to parent due to developmental disability, failure to make efforts, or inability to demonstrate the skills necessary to ensure the health and safety of the child.
- A lifestyle centering on drugs/alcohol and an addictive pattern preventing adequate parenting.
- A previous birth to a subsequent substance exposed infant.
- Having other children who have been in foster care for 12 months or more and attempts to reunite have been unsuccessful.
- Continuing to miss appointments, canceling appointments or failure to be involved in treatment.
- Failure to fulfill the tasks outlined in the service plan, cooperate with the provision of the service plan, or meet conditions established by the court.
- Suffering from a mental or emotional illness or mental deficiency of such severity that there is no reasonable expectation that such parent will be able to undertake responsibility for the care needed by the child in accordance with his/her age and stage of development.

#### 9.3.6 Supervisory Conference

The supervisor determines the frequency of supervisory conferences based on the skill of the social worker and the dynamics of the case. Such conferences will take place at least monthly so that the supervisor is updated regularly on case progress. Overall progress will be formally reviewed quarterly. Supervisory conferences will be noted in OASIS. The purpose of the supervisory conference is to discuss:

- The parent's progress (or lack of progress) on the service plan;



- Case dynamics, any clinical issues, and the child's well-being in placement;
- Updates to the assessment regarding the family and the service plan;
- The family's potential for reunification; and
- Whether services that have been provided by the agency are appropriate for supporting improvement or progress; and

Critical case-related decisions will be made in consultation with the supervisor and should consider opinions and recommendations from professionals or others involved in the case. Decisions are to be documented in OASIS. Although all decisions affecting children and families are important, the following decisions are identified as the most critical ones affecting children and families:

- Whether to return children to the home of their parents or relative caregiver from a placement away from their parents or relative caregiver;
- When to begin trial visits;
- Whether to decrease or increase the frequency or the duration of parent and/or sibling visits with the child and whether the visits will be supervised;
- Whether to change a child's placement;
- Whether parental rights will be terminated and an alternate permanent home sought;
- If children are prepared for partial or total independence;
- Whether children will be placed part from siblings who are also placed in substitute care; or
- Whether to petition the court to terminate local department custody;

#### 9.3.7 Reunification Services

When the court approves the goal to return the child home, the foster care service plan will focus on safe reunification. The service plan will:

- Be developed with the participation of the parent, and the child, if appropriate;
- Include concrete and comprehensive services and activities that must be in place immediately prior to and following the actual return home of the child;
- Specifically address problems/needs or barriers to reunification;
- Be clear to the parent what the expected result of the service or activity is; and
- Ensure accountability on the part of the parents, the department and other service providers by documenting the expectations and obligations of each of the parties.

##### 9.3.7.1 Preparing the Parents for Reunification

Workers should make sure parents understand their role in achieving reunification and remind them that their attendance and participation in all staffings and case planning meetings is critical. A family meeting should be held to:

- Evaluate whether the parents are engaged in services and making reasonable progress;

- Evaluate whether the conditions, which led to the child's removal, continue to exist; and
- Allow all participants to engage in service planning by helping to revise the service plan as needed and recommending time frames for achievement of the service plan goals.

Workers should negotiate the date, time, location, and participants of the family meeting with the parents. Parents needs (e.g.; work hours, child care needs, etc.) must be considered. Written or electronic notification of the meeting will be sent to all participants. Social workers will document in OASIS all attempts to include parents in the family meetings.

Participants in family meetings shall include:

- The social worker;
- The custodial parent(s);
- The non-custodial parent (if appropriate);
- The supervisor;
- Extended family members (if appropriate);
- Foster parents;
- GAL and CASA;
- Guidance counselors and other service providers; and
- The child.

The participants in the family meeting will attempt to reach decisions and agree on recommendations by consensus. When a consensus cannot be reached, the department must stand by its recommendations.

#### 9.3.7.2 Preparing the Child for Reunification

Although a great deal of emphasis is placed on activities with the parent when the social worker is preparing to reunify the family, this is an important time for the child. The social worker should spend time with the child to determine his/her position on reunification. If reunification is in the best interest of the child, the social worker will begin to prepare him/her for return home by:

- Informing the child of the targeted date for reunification while being aware of the child's ability to understand what this means;
- Explaining to the child that his/her parents are working to have him/her return by the target date, but that sometimes things happen that may change that date.

All adults involved with the child must begin clear, age-appropriate discussions with the child about the plans for return home and what the child can expect. The discussion should assist the child with identifying those people whom he/she can call for help, with where he/she will be attending school, and other important facts. The child should be given the opportunity

to work through feelings of separation from, and loss of, the foster parent/relative caregiver, school and neighborhood friends, teachers, and significant others.

#### 9.3.7.3 Preparing the Caregiver/Foster Parent for Reunification

Social workers should spend some time with the foster parent or relative caregiver to discuss their feelings of separation and loss and help them successfully prepare themselves and the child for reunification. Some caregivers may want to stay in touch with the child after he/she returns home. Contact with the caregiver after return home is a consideration that requires supervisory consultation. Some children may find this confusing while others may benefit from continued contact.

The caregiver should make a list of the child's daily activities and routines and other relevant information for the birth parents to smooth the child's transition home.

#### 9.3.7.4 Foster Care Service Agreements/Foster Care Service Plan

Based on the information gathered during the assessment process, the initial family meeting and through negotiation during the social worker's visits, the social worker and family will develop a plan of intervention based on the family's strengths and needs and that addresses how the children's needs for health and safety will be met.

The Foster Care Service Plan, focusing on the goal of return home, will be developed with the parents and should include:

- The child's health, safety, and well-being needs that were identified during the assessment process;
- A description of what actions the family, the social worker, caregiver, and others will take to meet the needs of the child and achieve the goal of return home;
- A description written by the parent with the help of the social worker of how the parent and household members plan to meet the child's health and safety needs after the child is returned home;
- Completion of criminal background and central registry checks on all adult household members prior to beginning trial placements and prior to actual return home (See Section 4.1.6).
- Identification of those persons the parent can call on for support following the return home of the child;
- Identification of those persons the child can call on (if old enough), if the child needs help;
- Identification of any other supportive services that will be provided after the child is returned home, such as day care services;
- A description of how the child's medical and educational needs will be met after the child is returned home; and

- Identification of additional interventions and services that will be provided to the family, the caregiver, and the child in order to meet the child's needs and achieve permanency.

A copy of the concurrent permanency plan should also be provided to the parent, if one has been developed.

#### 9.3.7.5 Beginning Visits and Trial Placements

Preparations for overnight visits and ultimately return home must consider and include the following social worker activities:

- Prior to allowing overnight visitation to occur with parents, previous custodians or individuals with whom the child is to be placed; or prior to the return of the child home, the agency must conduct a criminal background search and a child abuse and central registry check on all adults residing in the home in which a child is to visit or be placed (§63.2-901.1). If significant time has passed between the search and the child's actual; return home, a second search is to be conducted closer to the date of return home to ensure the most timely and accurate receipt of information on the adults in the home (See Section 4.1.6 and 9.3.7.5).
- Safety: A Safety Assessment must be completed before the return home of the child. Documentation on all assessments must be included in the case record or OASIS including the initial child protective service risk assessment. The initial risk assessment provides a baseline for evaluating progress or lack of progress. The specific risk issues identified in the initial assessment will be reevaluated throughout the case. Documentation regarding these issues will be addressed in the assessment that is completed prior to beginning visits or trial placement.

A new safety assessment must be completed prior to the child returning home based on current home situations. The social worker will, unless otherwise documented, communicate monthly with individuals who provide services and support to the parents and child in order to obtain information and observations about the ongoing safety of the child. Such professionals and individuals may include social service providers, school or day care personnel, health care providers, and any other collateral contacts the social worker deems appropriate. Before beginning visits or conducting a trial placement, the social worker will explain to the parent the need for continued communication with all parties. Contact information will be included in the case record as documentation regarding the continued safety of the child in the home.

- Education: During the trial placement, the social worker will meet with the child's current teacher and obtain a school report. The teacher should be informed that reunification is imminent and be encouraged to report any observations or concerns about the child to the social worker.

If the child will be attending a new school after reunification, arrangements will be made for the transfer of education records. The social worker and the parent will meet with the child's new teacher. If the child is pre-school age, the social worker will assist the parent in enrolling the child in a program such as early education or day care.

- Health: The social worker will discuss with the parents how the child's health care needs will be met after the child is returned home and identification of a health care provider to serve the child after return home will be discussed. Other resources that the family can use to assist in meeting health care needs such as the Department of Health, FAMIS, or the Department of Medical Assistance will also be discussed. Discussion about health needs and issues will be documented in OASIS and/or the service plan.

### 9.3.8 Contacts Following Reunification

#### 9.3.8.1 Requirements for Contacts/Visits

The social worker will communicate at least monthly with those professionals and individuals who provide services and support to the parent and child in order to obtain information and observations about the ongoing safety of the child. Such professionals may include social service providers, school or day care personnel, health care providers, and any other collateral contacts the social worker deems appropriate.

During all contacts following reunification, the social worker must see the child outside the presence of the parent.

- **First Month Contact**

Following the return home of a child who has been in substitute care:

An initial face to face contact with the child and parent must be made via a visit in the home by the assigned social worker within 24 to 72 hours after the child returns home. The timing of the visit will be based upon the safety plan completed when the child is returned home and subsequent risk assessments. Following the initial visit, frequent intervention and contact, as determined by the social worker and supervisor, with the child and parent in their home is required. Unannounced visits should also be considered.

- **Ongoing Contact**

Frequency of contacts subsequent to the first month of reunification must be at least monthly until risk assessments indicate that there are no longer sufficient safety factors present to require monthly contact.

- **Assess progress**

During the post-reunification period, support of the family must continue if the reunification is to succeed. The social worker's emphasis becomes helping the family assume responsibility for the care of the child. The local agency will provide services for up to six months after return home to monitor the safety of the child, to enhance the family's ability to function in a healthy way, and to provide a smooth transition to reunification. The child's safety and health take precedence over any other variables, such as the need for permanency or the child's sense of time.

Frequently, the child's return home increases the family's stress level by placing additional financial demands on the family while they adjust to being together again. The family membership may have changed since the child's removal and family members may have to renegotiate their new roles in their newly formed family system. Just as parents may express ambivalence about caring for a child while the child is in placement, parental ambivalence may also be demonstrated after the child is home.

Planning for the termination of services is an integral part of all service planning. From the earliest contact, the local department of social services will focus on when services to the children and families will end. Before closing a case, the local department of social services will conduct a review of the child's safety that includes:

- A child safety assessment to include all members of the household and all adults who frequent the home;
- Interviews with relatives, friends, or other persons who provide support network for the family;
- Review all medical, school, clinical, and social service reports;
- Interview and observe the child alone out of the presence of the caregiver;
- Update a final service plan that outlines how the health, safety, and other outside support of the children will be ensured and what aftercare services are needed.
- The filing of a motion for termination of the local department of social service custody.

When a foster care child returns home and custody is transferred back to the parents, the local agency should consider continuing services to stabilize the family and assure a successful, safe return for the child. If the worker believes services are necessary to prevent disruption but the family refuses services, the agency may seek a protective order to enable the agency to provide services.

If reunification fails and the child comes back into foster care placement, the child should be referred to his/her prior foster care/relative home for placement if possible.

#### 9.3.9 Achieving the Goal

The Goal of Reunification is achieved when legal custody is returned to parent(s) or prior custodians, or in a non-custodial foster care placement, when the child is returned to the parent(s) or guardians.

### 9.4 Placement with Relatives

#### 9.4.1 Focus of Services

- Shift of primary focus is from the parent(s) or prior custodians to the relative.
- Help the parent, child and relative adjust to the change in relationships, clarifying and reducing role conflicts through family counseling.
- Assist the relative with finding resources to meet the needs of the child.
- Once the placement is made, link the relative with services or provide direct services to ensure stability in the placement.

#### 9.4.2 How the Team is Used

The relative must be added to the team. Efforts must be made to continue parental involvement with the child to the extent the parent(s) is willing or able. The foster parent or provider can help the child adjust to the change and orient the relative to the child's current needs.

#### 9.4.3 Investigation of Relative

The local agency must complete an investigation (home study) of the relative. Based on the investigation and a preponderance of evidence, the court must make a finding that the relative is:

- Willing and qualified to receive and care for the child;
- Willing to have a positive and continuous relationship with the child;
- Committed to providing a permanent suitable home for the child; and
- Willing and able to protect the child from abuse and neglect. (§16.1.278.2, a1)

#### 9.4.4 Achieving the Goal

The goal of Placement with Relatives is achieved when custody of the child is transferred to a relative. The intent of this goal is to discontinue custody with the agency.

### 9.5 Adoption

The Adoption and Safe Families Act of 1997 requires that an agency petition for termination of parental rights of a child if the child has been in care for any 15 of the last 22 consecutive months. An agency would not petition for termination of parental rights under the following circumstances:

- The agency documents and provides compelling reasons why it is not in the best interest of the child to terminate parental rights;
- The child resides with relatives; or
- Services have not been provided to the parent to return the child home safely.

#### 9.5.1 Focus of Services

If the goal of adoption is being selected, the two higher-ranking goals must have been explored fully and ruled out consistent with the child's best interest. However, when a concurrent plan of reunification and adoption exists, the focus of services is to work toward reunification while at the same time, working toward achieving the goal of adoption if the child cannot return home. Services must be provided to the child, the birth parent(s), the foster parents, and the adoptive parents. The Foster Care Service Plan identifies the services that must be provided. Refer to Section 10.2.4 for information on the Foster Care Service Plan.

#### 9.5.2 How the Team is Used

The team should consist of the social worker, the foster parents, other service providers, and the birth parents, until termination of parental rights. Once an adoptive family is selected, services are provided for the adoptive family and child to ensure success of the placement. The adoptive parents are to be included in service planning at this point.

#### 9.5.3 Counseling Services that Must be Provided

When adoption is being considered, the birth parent(s) of voluntary entrustments, not court ordered termination of parental rights, shall be provided the opportunity for counseling, which should address issues related to but not limited to:



Pregnancy counseling to include:

- Services available to maintain the child at home; placement with relatives; or temporary foster care and services to return the child home.
- Long term impact of the decision to place the child for adoption on birth parent(s) and child:
- Helping birth parent(s) with the finality of the plan for adoption and immediate plans for their own lives;
- Receiving from birth parent(s), or informing them of, newly learned Medical or genetic information that is important for the adopted child and family or for the birth parent(s) and their present children; and
- Providing to the birth parent(s) non-identifying information on the potential adoptive family such as age, physical characteristics, educational achievement, profession, nationality, and health.

#### 9.5.4 Preparing the Child for Adoption

Adoption services for children should ensure that adoption is the best plan for them and that they are prepared for adoption. Preparing the child for adoption must include helping the child put the past into perspective and helping the child with "grief work." (See Vol. VII, Section III, Chapter C, "Preparing the Child for Adoption"). This may include the preparation of a "life book."

A "life book" is a picture and narrative story of a child's life written by the child and social worker using the child's own words, pictures, photos, drawings, and memorabilia to tell the child's story. On the surface, it is a scrapbook of memories, a history of the events that have taken place in the child's life, but it can also be a therapeutic tool if the social worker is working intensively with a child to build a relationship, to help the child with grief issues, and to build the child's self esteem.

The "life book" process prepares the child for adoption and can be used by social workers, therapists, residential and mental health staff and foster, adoptive, and resource parents to help a child understand why he or she is not living with birth parents. Lifebooks are a way to engage the child in the planning process that will affect his or her future. The "life book" is also effective when used as a bridge between birth parents, foster parents, and adoptive parents.

Lifebooks also provide the adults working with and raising children with:

- A tool for meaningful discussions;
- A method of conveying positive messages during childhood that will be remembered during adolescence;
- A chance to build self-esteem and positive ethnic identity; and

- A method of reducing children's divided loyalties between birth and foster, adoptive, and resource families.

Information about lifebooks and how to build and use them can be obtained on the internet at: <http://www.adoption-works.com/lifebooks.htm>.

#### 9.5.5 Terminating Parental Rights

When adoption is the best plan for a child in foster care, securing legal authority to place the child for adoption is the initial objective toward achieving the goal.

A child can be placed for adoption once parental rights are terminated and the agency has been granted the authority to place for adoption. The termination process begins with knowing whose rights must be terminated and how they are terminated. These two points are outlined below:

##### 9.5.5.1 All individuals whose rights must be terminated

- The mother,
- The legal father who may or may not be the biological father, is the mother's husband who is presumed to be the child's legal father. Even though he may not be the child's birth father, his legal rights must be terminated.

If the mother is divorced, and the child was born within 10 months of the divorce decree, the former husband is considered the legal father.

- The biological father, if not the legal father, who is not married to the mother, including the putative father.

Although the biological father does not have the same rights as a legal father, he does have the right to notice of any action taken to free his child for adoption.

##### 9.5.5.2 How Parental rights are Terminated

Parental rights can be terminated either voluntarily or involuntarily.

##### 9.5.5.3 Voluntary Methods of Termination

Parents may voluntarily terminate their rights either by signing a permanent entrustment agreement or by petitioning the court to be relieved of their rights. (§§63.2-900, 63.2-903 and 16.1-278.3)

#### 9.5.5.4 Permanent Entrustment Agreement: How it is Used

An entrustment agreement is a binding agreement between the parent(s) and the local board. This agreement provides a method for the parent(s) to voluntarily relinquish parental rights and give the agency authority to place for adoption. (See VDSS Local agency site at <http://www.dss.virginia.gov/form/> for the Permanent Entrustment Agreement Form).

#### 9.5.5.5 When the Permanent Entrustment Agreement is Used

The following are instances when the signing of the agreement is the only action required for the child to be legally free for adoption:

- When all parents are willing to relinquish their rights to the child;
- When the unmarried mother is willing to permanently entrust and the putative father will sign an affidavit denying paternity, acknowledging paternity or neither denying nor acknowledging paternity. The affidavit must include a statement that he waives all rights to further notice.
- When the unmarried mother is willing to permanently entrust and sign an affidavit that the identity of the father is not reasonably ascertainable. This affidavit should include a statement regarding the reason why the father's identity cannot be ascertained. If there is any question regarding the validity of the mother's affidavit, the agency must petition the court to terminate parental rights;
- When the unmarried mother permanently entrusts and the father can be informed of the mother's entrustment by certified or registered letter. The father's name must appear on the return receipt. He has 21 days after receipt of the letter to object to the mother's entrustment.

A copy of the original letter and the signed receipt must be retained in the child's record.

If the letter cannot be delivered to the father, it is necessary to petition the court for termination of his rights. (§16.1-277.01)

#### 9.5.5.6 When the Entrustment Agreement is Signed

- Sign any time after the child's birth;
- Use a separate form for each parent who entrusts and for each child to be entrusted.

#### 9.5.5.7 How the Entrustment Agreement is Revoked

- The agreement can be revoked any time up to the signing of the adoptive home placement agreement, unless the permanent entrustment agreement has been approved by the court and all parental rights have been terminated.
- The entrustment agreement may be revoked by either parent until (i) the child has reached the age of 25 days and (ii) 15 days have elapsed from the date of execution.
- When the agreement is revoked, custody of the child must be returned to the birth parent. In the event that the custody of the child is of controversy, custody will need to be determined by court action.
- Upon proof of fraud or duress, a permanent entrustment agreement may be declared invalid and the rights and obligations of the parent(s) restored by court order if the final order of adoption has not been entered and the court has not approved the permanent entrustment agreement and issued a final order terminating parental rights.

#### 9.5.5.8 Restrictions Placed on the Permanent Entrustment

When a child enters care through a permanent entrustment agreement, there must be a subsequent court order. The court order must be obtained within 180 days (6 months) of the entrustment. The order must contain a statement that continuation in the home would be contrary to the welfare of the child or that removal was in the best interest of the child or that there is no less drastic alternative than removal of the child from the home.

#### 9.5.5.9 Court Petitions to Voluntary Termination of Parental Rights

The second method of voluntary termination includes the following:

Parental petition for relief of care and custody\_(\$16.1-277.02)

Parent(s) file a joint petition with the juvenile and domestic relations district court, requesting termination of parental rights. When appropriate the agency should join in the filing of the petition.

Petition for Approval of Entrustment Agreement(s) (§16.1-278.3, 16.1-277.01)

Agency files petition requesting court approval of permanent entrustment agreement(s). The court order must contain a statement that continuation in

the home would be contrary to the welfare of the child or that removal was in the best interest of the child or that there is no less drastic alternative than removal of the child from the home.

#### Appeal of Court Order

Once the agency has petitioned the court to approve a permanent entrustment agreement and the court has held a hearing and issued a final order terminating parental rights, the parent cannot revoke the agreement. The parent(s) may appeal the order. (§16.1-296).

#### 9.5.5.10 Involuntary Method to Terminate Parental Rights

If it is not possible to achieve termination of parental rights voluntarily, then the agency must petition the court for termination of parental rights (TPR) (§16.1-283 and 16.1-278.3). These procedures define how parental rights are terminated involuntarily.

The agency need not have identified an available family to adopt a child prior to termination being sought or the court's entering a termination order. (§16.1-283a)

#### 9.5.5.11 Grounds for Termination of Parental Rights

Use of the following grounds must be based on findings by the court that termination of parental rights is in the best interests of the child. The legal standard for making these findings is clear and convincing evidence.

The parental rights of a child placed in foster care as a result of court commitment, an entrustment agreement, or other voluntary relinquishment by the parent or parents, may be terminated based on the following grounds:

- Failure to Maintain Contact (§16.1-283 C)

The parent or parents have, without good cause, failed to maintain continuing contact with and to provide or substantially plan for the future of the child for a period of six months after the child's placement in foster care. Lack of contact continues even with the reasonable and appropriate efforts of social, medical, mental health or other rehabilitative agencies to communicate with the parent or parents and to strengthen the parent-child relationship. Proof that the parent or parents have failed without good cause to communicate on a continuing and planned basis with the child for a period of six months shall constitute prima facie evidence of this condition.

- Failure to Make Progress (§16.1-283 C)

Parent or parents, without good cause, have been unwilling or unable, within a reasonable period not to exceed twelve months from the date the child was placed in foster care, to remedy substantially the conditions which led to or required continuation of the child's foster care placement. Lack of progress exists even with the reasonable and appropriate efforts of social, medical, mental health or other rehabilitative agencies to such end.

The foster care plan filed with the court or any other plan jointly designed and agreed to by the parent or parents and a public or private social, medical, mental health or other rehabilitative agency shall constitute prima facie evidence of this condition. The court shall take into consideration the prior efforts of such agencies to rehabilitate the parent or parents prior to the placement of the child in foster care.

- Abandonment (§16.1-283 D)

The child was abandoned and the identity or the whereabouts of the parent or parents cannot be determined after a diligent search; and the child's parent or parents, guardian or relatives have not come forward to identify such child and claim a relationship to the child within three months following the issuance of an order by the court placing the child in foster care.

- Convictions for Certain Crimes (§16.1-283 E)

The parent has been convicted of an offense under the laws of this commonwealth or a substantially similar law of any other state, or any foreign jurisdiction which constitutes murder or voluntary manslaughter, or a felony attempt, conspiracy or solicitation to commit any such offense, if the victim of the offense was a child of the parent, a child with whom the parent resided at the time such offense occurred or the other parent of the child, or

The parent has been convicted of an offense under the laws of this Commonwealth, any other state, or any foreign jurisdiction which constitutes felony assault resulting in serious bodily injury or felony bodily wounding resulting in serious bodily injury or felony sexual assault, if the victim of the offense was a child of the parent or a child with whom the parent resided at the time of such offense or the other parent of the child. "Serious bodily injury" means bodily injury which involves substantial risk of death, extreme physical pain, protracted and obvious disfigurement, or protracted loss or impairment of the function of a bodily member, organ or mental faculty.

- Aggravated circumstances (§16.1-283 b and e)

A parent has subjected any child to aggravated circumstances. aggravated circumstances means torture, chronic or severe abuse, or chronic or severe sexual abuse where the victim is (i) a child of the parent or a child with whom the parent resided at the time such conduct occurred and includes the failure to protect a child from such conduct where that conduct or failure to protect (ii) demonstrates depraved indifference to human life, or (iii) resulted in the death of a child or serious bodily injury to child. Chronic abuse or chronic sexual abuse means recurring acts of physical abuse that place the child's health, safety or well-being at risk. Severe abuse and severe sexual abuse means may include an act or omission that occurred only once but meets the definition of "aggravated circumstances." (§16.1-281 (B) and § 16.1-283 (E)).

- Termination of Residual Rights to another child (§16.1-283 e and f)

The residual parental rights of a sibling of the foster child have previously been involuntarily terminated.

9.5.5.12 Unlikelihood that conditions can be corrected  
(§16.1-283 B2)

For children who have been found by the court to be abused and neglected and in foster care, the following grounds may be used:

- The neglect and abuse suffered by the child presents a serious and substantial threat to his or her life, health, or development; and
- It is not reasonably likely that the conditions which resulted in neglect or abuse can be substantially corrected or eliminated so as to allow the child's safe return to his parent or parents within a reasonable period of time. In making this determination, the court shall take into consideration the efforts made to rehabilitate the parent or parents by any public or private social, medical, mental health or other rehabilitative agencies prior to the child's initial placement in foster care as well as efforts after placement.

Evidence of this is as follows:

- The parent or parents are suffering from a mental or emotional illness or mental deficiency of such severity that there is no reasonable expectation that such parent will be able to undertake responsibility for the care needed by the child in accordance with his age and stage of development;

- The parent or parents have habitually abused or are addicted to intoxicating liquors, narcotics or other dangerous drugs to the extent that proper parental ability has been seriously impaired and the parent, without good cause, has not responded to or followed through with recommended and available treatment which could have improved the capacity for adequate parental functioning; or
- The parent or parents, without good cause, have not responded to or followed through with appropriate, available and reasonable rehabilitative efforts on the part of social, medical, mental health or other rehabilitative agencies designed to reduce, eliminate or prevent the neglect or abuse of the child.

#### 9.5.5.13 Procedures to Follow for Court Termination

The worker should consult with the agency attorney to determine whether there are grounds for termination of parental rights and to prepare for a termination of parental rights hearing. The agency may hire an additional attorney for the child if the Guardian ad Litem needs assistance when the agency's petition is contested, the court's decision is appealed, or a separate petition is filed, any of which appear contrary to the child's best interest. Use state pool funds to pay the attorney's fee. Court related costs, such as assistance of expert witnesses, may be purchased as a foster care service.

**The Agency:** Must assess whether termination of parental rights is in the best interests of the child prior to the permanency planning hearing. It would then file a petition and service plan with the court with the goal of adoption 30 days prior to the permanency planning hearing.

**The service plan:** Should document that Termination of Parental Rights is in the child's best interest. The service plan changing the goal to adoption and the petition may be submitted to the court and considered by the court at the same hearing (§16.1-283 a)

**The Petition:** Must specifically request that parental rights of the parents be terminated and that the agency be given the authority to place and consent to adoption of the child.

If a matter involving the child's custody has previously gone to a circuit court that court has jurisdiction and the petition must be filed there. The court will set a hearing date.



#### 9.5.5.14 Notifying Interested Persons of the TPR Court Hearing.(§16.1-263)

It is the local agency's responsibility to submit the service plan 30 days prior to the hearing in order to allow the court sufficient time for giving legal notice.

##### Who Gives Notice

The court where the hearing will be held is responsible for giving legal notice.

##### Who Receives Notice

- Parents;
- Child if 12 years of age or older;
- Guardian or legal custodian;
- Parents' attorney;
- Guardian ad Litem; GAL
- Court Appointed Special Advocate (CASA);
- Current foster parents; and
- Other necessary parties.

##### How Notice is Given for a TPR hearing

- Delivered in person by sheriffs, their deputies, and police officers in counties or cities, or by any other suitable person designated by court;
- Certified mail with addressee only signing the return receipt; or
- Order of publication. Orders of publication must state the purpose of the petition to be heard and where and when the hearing is to be held. Such orders must be published for four successive weeks, in such newspaper as the court may prescribe. They require the defendant to appear to protect his interests on or before the date stated in the order.

##### When Notice is not Required for TPR

Notice is not required if a parent:

- Has signed a permanent entrustment agreement;
- Has signed an affidavit waiving all rights to notice or
- Is represented by counsel and counsel receives notice.

Situations when the putative father may or may not need notification

- If his identity and location are known, the agency should contact him about signing a permanent entrustment agreement or an affidavit waiving all rights to notice. If he is unwilling to sign an agreement or affidavit, the court will notify him of the hearing.
- The father's identity is known, but his current whereabouts are unknown, the agency must attempt to contact him at this last known address by registered certified letter. This must be done before petitioning the court for termination of his rights. To satisfy the "diligent efforts" requirement of the law, the agency must attempt to locate the father through all sources such as relatives, former employers, social security, etc. If he cannot be found or if his address cannot be ascertained, the court requires an order of publication. (§16.1-264 a)
- If the father's identity is not known or not reasonably ascertainable, the agency must secure an affidavit from the mother to this effect. This affidavit must be presented to the court. If the court certifies the identity of the father is unknown, notice is not required. When the agency has any question regarding the validity of the mother's affidavit, the matter should be brought to the court's attention. (§16.1-263 e)
- If the mother knows the father's identity but she refuses to reveal it, the court certifies on the record that the father's identity is not reasonably ascertainable. The court may appoint a Guardian ad Litem to protect the rights of the unknown father.

9.5.5.15 Transportation of Prisoners for Testimony in Child Welfare Cases

If a parent is incarcerated, the court may authorize the department of corrections to have the prisoner transported to provide necessary testimony in hearings related to child welfare. The testimony of prisoners can also be acquired using electronic video and audio communication systems or telephonic communication systems in lieu of a personal appearance if authorized by the court.

9.5.5.16 Order to Terminate Parental Rights

After the hearing, the court will send the agency a copy of the commitment order. The order must specify termination of all parental rights with the agency's authority to place and consent to adoption. If not specified, the agency must ask the court to clarify, in writing, the intent of the order. If a parent denies paternity or if the identity of a parent is unknown, the court order must still specify termination of all parental rights. There is an exception. If a parent's rights have already been terminated by permanent

entrustment agreement, then the order need not specify termination of that parent's rights. (§16.1-278.3, 16.1-283)

#### 9.5.5.17 Appeals

Appeals must be made to a juvenile court within 10 days of the entry of the order. The circuit court should schedule the appeal within 90 days from the day that it was filed. (§16.1-296) A child must not be placed in an adoptive home until the appeal has been settled.

#### 9.5.5.18 Status of Child after TPR has been Achieved

The child remains in custody of the local board until the final order of adoption.

The court must continue annual foster care review hearings for children whose parental rights have been terminated until a final order of adoption is entered. Administrative Panel Reviews must continue, alternating with the court's foster care review hearings every six months. The Foster Care Service Plan must be reviewed at each six-month hearing or review.

#### 9.5.6 Locating and Placing the Child in an Adoptive Home

Continuity of nurturing relationships is critical to a child's growth and development. Therefore, adoptive planning shall:

- Reflect the child's need to be in a permanent placement as soon as possible;
- Recognize the importance of placing siblings in the same adoptive home, and
- Consider foster parents with whom the child has developed emotional ties as a primary adoptive resource for the child

If the foster family is to be the adoptive family, the foster family needs to be prepared for the differences between foster care and adoption. (NOTE: Foster parents have the right to file a petition for adoption, without consent of the agency, when (i) the child has resided in their home continuously for at least 18 months and (ii) the birth parents' rights to the child have been terminated (§63.2-1229).

If the foster family is not to be the adoptive family, the child must be prepared for the specific adoptive family, as well as for adoption in general. The child should have the opportunity to gradually become acquainted with the adoptive parents. The number and location of the meetings with the adoptive parents, the duration of preparation, and the timing of placement

should be determined by the child's age and the particular needs of both the child and adoptive family.

When a family is selected, full, factual information that the agency has about the child and the child's birth family, except that which would reveal the identity of the child's birth family, shall be provided to prospective adoptive parents. The information provided shall include complete medical and psychological reports. (See Section III, Chapter C for more detailed information).

#### 9.5.7 Achieving the Goal of Adoption

The Goal of Adoption is achieved when the final order of adoption is entered (Refer to Section III, Chapter C, for Policy Governing Agency Placement for Adoption).

The local agency must notify the juvenile court when the adoption has been finalized so that court can close its file.

### 9.6 Permanent Foster Care

#### 9.6.1 Focus of Services

- Maintain the child in the foster home by strengthening the legal bond between the child and foster family and providing greater rights and responsibilities to the foster family;
- Providing supportive services that are needed by the child and family in order to enhance and strengthen the permanent parent/child bond;
- Prepare the child for independent living through direct services and/or support/education of foster parents.
- Continue relationships with family members.

#### 9.6.2 How the Team is Used

The roles and responsibilities of the agency, foster parents, birth parents and, if appropriate, the child are contained in a mutually developed and signed agreement. The agreement shall include at least any requirements contained in the court order approving the foster care placement. The following rights and responsibilities need to be taken into account when developing the agreement:

##### 9.6.2.1 Rights and Responsibilities of the Birth Parents

- Visit the child. The frequency of visitation should be in the court order approving placement.
- Provide financial support for the child.

#### 9.6.2.2 Rights and Responsibilities of the Foster Parents

- Permanent foster parents have authority to give consent for activities that require parental consent unless this authority has been modified by the court order. This includes authority to consent to:
  - a. Application to college or entrance into the military;
  - b. Marriage;
  - c. Driver's license; and
  - d. Surgery.
- The foster parents must inform the agency of the decisions they make as they relate to the authority given them by law or the court (§63.2-908 [c]).
- If a child in permanent foster care is staffed by the FAPT, the foster parents should sign the Individual Family Service Plan. The foster parents of a child in permanent foster care must be notified in advance by the worker of all FAPT meetings related to the child. The foster parents have the right to either speak at the meetings or submit written recommendations and testimony. The FAPT shall consider the foster parents' opinions in developing the service plan (§2.2-5208 [3]).
- Permanent foster parents also have the right to request special education services and sign the IEP.

#### 9.6.2.3 Responsibilities of the Agency

- Face-to-face visit with the child in his/her home at least every six months.
- Review the case plan and progress made through alternating administrative panel reviews (See Section 10.3) and a court hearing every six months. Permanent foster care cases must be reviewed in court at least annually (§16.1-282.2)
- Maintain involvement of the birth family, if possible.

#### 9.6.3 Achieving the Goal of Permanent Foster Care

The goal of Permanent Foster Care is achieved upon entry of a permanent foster care order by the court pursuant to §63.2-908.

#### 9.6.4 Termination of Permanent Foster Care Placements (§63.2-908)

- A child shall remain in permanent foster care until he reaches age 18. A youth shall remain until the age of 21 years, as long as the youth is participating in an

educational, training, or treatment program and needs foster care services to continue that participation.

- No child shall be removed from the physical custody of the foster parents in the permanent foster care placement except by a court order or child abuse and neglect procedures pursuant to §16.1-251 or 63.2-1517 of the *Code of Virginia*.
- If the permanent foster care placement disrupts, the agency must file a service plan and petition for review and dispositional hearing to change the permanent foster care status to another goal for the child. The foster parent may jointly file the petition with the agency. All attempts must be made to maintain the child with the permanent foster family until the court hearing.
- In unplanned situations where the child must be removed from the permanent foster care placement, the agency must file the service plan and petition for review and dispositional hearing immediately upon the removal.
- The cycle for service plans, panel reviews and annual foster care review hearings starts with the court hearing date.

#### 9.6.5 Placements Outside the Permanent Foster Care Home Without Changing the Goal

There may be situations where a foster child is placed temporarily outside of a permanent foster home for education, training, treatment, or in a Department of Juvenile Justice facility. The Permanent Foster Care Agreement remains in effect if the plan is for the youth to return to the family. Payments to the foster parents will be suspended during those periods, although pre-authorized expenses for the family, such as transportation to visit may be reimbursed.

## 9.7 Independent Living

The Federal Foster Care Independence Act of 1999 which created the Chafee Foster Care Independence program, describes the purpose of independent living programs (ILP) as being:

- To identify youth likely to remain in foster care until 18 years of age;
- To help these youth make the transition to self-sufficiency by providing a variety of services;
- To provide personal and emotional support to youth aging out of foster care, through mentors and the promotion of interactions with dedicated adults.; and

- To provide financial, housing, counseling, employment, education, and other appropriate support to former foster care youth between 18 and 21 years of age to complement their own efforts to achieve self-sufficiency.

#### 9.7.1 Focus of Services

Services must be provided to assist older teens to acquire skills to become self-sufficient and transition from foster care to independence. All youth, sixteen or older, regardless of their permanency goal, must have a transitional independent living plan which describes the services that will be provided to prepare them for independence (§16.1-281B). The agency worker develops the transitional living plan that is:

- Based on a formalized Life Skills Assessment (See Section 9.7.3.1)
- Incorporated into the Foster Care Service Plan. It may be a separate document but must be attached to the service plan
- Developed through a team process. The youth must be an integral part of the planning and must understand their responsibility for developing and achieving the plan.
- Coordinated with the Individual Education Program (IEP) that must be developed through the school district for all youth in special education

Older youth in foster care may live in foster homes, group homes, residential facilities, or independent living arrangements and are eligible for services regardless of the placement or goal. Independent living services may be funded through the CSA Pool Fund or through Independent Living Program (ILP) funds. Refer to Section 12.15 for additional information regarding the funding of ILP Services.

The Chafee Foster Care Independence Program provides for increased assistance for youth, ages 18 to 21 that leave foster care. This includes youth who:

- Have aged out of foster care at age 18 or up to age 21 and moved directly from foster care into independent living programs; and
- Youth who age out of foster care, lose touch with the agency, and/or voluntarily terminate services at age 18 but find themselves in need of supportive services after leaving foster care but prior to turning 21.

Services should help prepare and support these youth's transition to adulthood.

#### 9.7.2 How the Team is Used

The team approach is essential when working with youth participating in the Independent Living Program. This team should consist of various individuals who can appropriately teach, guide, and provide emotional support to the youth as they transition out of foster care to independence. Ideally, the team is composed of the Independent living coordinator and /or social worker, the youth, primary caregiver(s), birth

parents/family, professionals (i.e. educator, counselor) and community representatives (i.e. mentor, minister). The team should develop a transition plan that “takes into consideration all available services in the community and represents a unified view of the individuals involved with the adolescent.” (Pass It On: Independent Living Program Strategies, ILP, Inc., 1989)

The youth must participate on the team and in the development of the transitional plan. The social worker should assist the youth in identifying positive adults in the community who are willing to be involved in developing the transitional plan and assisting the youth in carrying out identified tasks. The major roles of the Independent living staff coordinator or social worker functions as the team facilitator as well as a teacher and advocate for the child. Other professionals and community representatives on the team should be encouraged to provide different perspectives, insight and expertise. This diverse group shares the responsibility of developing and implementing the transitional plan and assessing the youth’s progress at each stage of his or her transition to independence.

### 9.7.3 Preparing the Youth for Independence

Preparing youth for independence requires that the team develop and provide a full range of services that assist the youth in establishing the requisite skills needed for self-sufficiency. Youth must be supported and encouraged to participate in designing their transitional independence plan and take responsibility for achieving independence (Foster Care Independence Act of 1999). Preparing youth for independence requires accurate assessment of their skills and needs and targeted service provision.

#### 9.7.3.1 Assessing for Independence

Workers should conduct a Life Skills Assessment for all youth being considered for independent living services. A Life Skills Assessment is a formalized assessment documenting the youth’s strengths and needs. This assessment should provide information about the youth’s ability to live independently and function in the community. Areas assessed must include basic living skills, education, vocational/job skills and personal/social/emotional development.

#### 9.7.3.2 Types of Services That Can Be Provided

Educational: To complete high school or general education, higher education, including assistance for tuition, admission fees, related expenses, equipment, materials, uniforms, applications, tutoring, etc.

Vocational Training: Job readiness, job search, placement, and other services when such an activity prepares a youth to become self-supporting or increases performance/functional competencies.



Daily Living Skills/Aid: Budgeting, housing, career planning, money management, or provision of any other services which supports the youth in establishing an independent living arrangement, such as, household goods, supplies, services, insurance, utility turn-on, etc.

Counseling: Individual or group counseling.

Other Services or Assistance: Training, conferences, retreats, and workshops, relating to building competencies that strengthen individual skills and foster successful independent living.

#### 9.7.4 Independent Living Arrangements

Youth, 16 and over, may live in independent living arrangements provided the youth has demonstrated maturity and the skills and ability to live without parental supervision. Factors in assessing a youth's readiness for an independent living arrangement require consideration of the following:

- Age- youth must be at least 16 years old;
- Foster Care Goal- in all likelihood, the youth will have the goal of Independent Living since all permanency goals had been thoroughly considered but were not feasible;
- Results of a recently completed Life Skills Assessment; (See Section 9.7.3.1).
- Education- must be enrolled in an educational/vocational program;
- Employment-should be employed at least part- time unless youth is a full time student in college or an apprenticeship/trade program;
- Use of Services- the youth has taken full advantage of services and programs offered to help him/her make the transition to self-sufficiency;
- Emotional Readiness-the youth demonstrates a high level of maturity and emotional stability in his/her current placement. The youth is not a threat to himself/herself or the community. The youth is not involved in high risk behaviors (i.e. delinquent or criminal activities, substance abuse);
- Motivation- the youth played a significant role in designing his/her transitional plan. He/she has identified personal goals and has taken action toward reaching the goals. The youth is following the Foster Care Service Plan and cooperating with the local department of social services. The youth has demonstrated appropriate behavior and taken on progressively more responsibility. The youth wants to be in a setting less supervised and less structured than his/her current foster care placement; and
- Willingness to Learn- the youth is willing to learn independent living skills and will accept help from the social worker and others who offer support and guidance.

When it is determined that an older youth in foster care would be more appropriately served in an independent living arrangement, such as an apartment, the following requirements must be met:

##### 9.7.4.1 Approving the Independent Living Arrangement

The worker must make an on-site visit to the independent living arrangement before approval can be given for each arrangement. The arrangement should be re-approved annually. Housing approved by colleges and other educational or vocational providers is exempt from this requirement.

#### 9.7.4.2 Supervision

There will be face-to-face visits between the youth and the agency worker at least monthly, except when the youth is living in a dormitory. In dormitory arrangements, visits must be at least every three months.

At least once every three months the visit must be in the residence of the child. The needs of the youth should determine the frequency of visits beyond the minimum requirements.

Supervision of youth in independent living arrangements out-of-state is subject to policy governing out-of-state placements (Vol. VII, Section III, Chapter E).

#### 9.7.4.3 Agreement Between Agency and Youth

An agreement, in duplicate, between the agency and the youth shall be mutually developed and signed. One copy of the agreement is given to the youth. The other is kept in his/her record. It shall be compatible with the youth's service plan.

The agreement shall include, but is not limited to the following:

- Purpose of the independent living arrangement, with time frames for achieving the goals identified;
- List and description of agency's activities to support achievement of the identified purpose of the independent living arrangement. Activities provided by the agency can include counseling, transportation, payment of particular special needs, etc;
- List and description of youth's activities to attain achievement of the identified purpose of the independent living arrangement. Activities the youth can include are school, employment, therapy, etc;
- Method, frequency, and amount of financial payment as prescribed by policy governing rates for independent living arrangements. Refer to Section 12.5;
- The condition and frequency of supervision;

- Youth's understanding that the physical arrangements must be approved by the agency;
- Youth's responsibility to inform the agency within 72 hours of any major changes in his/her situation, such as housing or employment changes; and
- The right of either the worker or the youth to request a conference with the worker's supervisor or agency director when terms of the agreement are not met by either party.

#### 9.7.5 Achieving the Goal of Independent Living

The goal of Independent Living is achieved when the youth leaves foster care by:

- Being emancipated by the Court; and/or
- Has achieved the goals of his/her Independent Living Plan and according to the Agency assessment is ready to live independently without Agency support; and/or
- Has reached the age of 21.

### **9.8 Another Planned Permanent Living Arrangement**

#### 9.8.1 Focus of Services

This goal provides long term residential treatment for children with a severe and chronic emotional, physical or neurological disabling condition. If the goal of "another planned permanent living arrangement" is selected for a child, all the higher-ranking goals must have been explored and ruled out consistent with the child's best interest. The Foster Care Service Plan must document that the feasibility of higher-ranking goals has been considered and contain a statement that support why none of these alternative permanent goals are in the child's best interest. (Refer to Section 7.7 for additional information).

#### 9.8.2 How the Team is Used

The team should consist of the social worker, birth parents, and other service providers. The team will identify the goal and objectives necessary to return the child to the parent(s)/community, the services needed to provide treatment for the child's disabling condition, and transitional services when the child is returned to his/her parent(s)/community.

#### 9.8.3 Achieving the Goal of Another Planned Permanent Living Arrangement

The intent of the goal is to obtain treatment for the child until the child no longer needs residential treatment for his/her disabling condition.

## **9.9 Continued Foster Care**

### **9.9.1 Focus of Services**

Protection: services are provided to meet the needs of the child, while the agency strives to choose another goal.

### **9.9.2 How the Team is Used**

The team identifies services or steps that need to be taken to identify another achievable goal.

### **9.9.3 Achieving the Goal of Continued Foster Care**

This goal cannot be achieved. It is not a permanency goal.

## **9.10 Working with Foster Parents and Providers**

As team members, foster parents and providers:

- Should be contacted as often as needed but at least monthly. Note: Foster homes approved for permanent placement of a specific child shall be contacted at least every six months.
- Shall participate in conferences related to service planning for a child in the home or placement.
- Shall be given information they may need about the child, and shall keep this information confidential. They must be given the Foster Care Service Plan and educational and medical information about the child.
- Shall gather mementoes (report cards, pictures, awards, etc.) that will go with the child when he/she leaves or may be utilized in preparation of a life book. See Section 9.5.4 for information on life books.
- Shall be given notice, whenever possible, as specified in the boarding or placement agreement, when a change in placement is to occur.

## 9.11 Case Management

(Also Refer To Vol. VII, Section I, Chapter B)

### 9.11.1 Case Coordination

The case manager is responsible for coordinating the on-going activities of the permanency team and ensuring that federal, state, and local requirements pertaining to service plans, case reviews, hearings, purchasing, and documentation, etc. are met.

### 9.11.2 Visiting the Child

- All contacts with the child must be documented on the contacts screens in OASIS.
- Ongoing Visits: A worker should have a face-to-face visit with the child including those youth in independent living situations, at least monthly in the child's home or placement. If unable to conduct these visits on a monthly basis, face-to-face visits with the child in his or her home must occur no less than quarterly. When courtesy supervision is provided by another agency, that agency is responsible for the visits. The only exception to the monthly visitation requirement is for children in an approved permanent foster care status who must be visited at least once every six months, in the permanent foster home.

#### 9.11.2.1 Ongoing Visits for Out-of-state Placements

Ongoing visits with a child placed outside Virginia with relatives, in a foster home, or an adoptive home may be made by the agency in the receiving state authorized by the Interstate Compact to provide supervision. A worker should have a face-to-face visit with the child at least monthly in the child's home or placement. If unable to conduct these visits on a monthly basis, face-to-face visits with the child in his or her home or placement must occur no less than quarterly.

#### 9.11.2.4 Visits to Residential Placements

On-site visits are required for children placed in residential facilities except when a child is placed out-of-state and arrangements have been made with a social worker in the other state to conduct the visit. A worker should have a face-to-face visit with the child including those youth in independent living situations, at least monthly in the child's home or placement. If unable to conduct out-of-state visits on a monthly basis, face-to-face visits with the child in his or her home must occur no less than quarterly.

The Children's Residential Facility Observation Report (located in OASIS) must be completed to record observations made during these visits. If there is suspicion of a licensing violation in any Virginia public or private facility serving children, hospital, treatment or rehabilitation center, the appropriate

licensing authority should be notified. The Division of Interdepartmental Regulations website at:

<http://www.dss.state.va.us/division/interreg/index.html>

may be accessed to locate the state agency with responsibility for licensing each facility. Web-site locations for the licensing authorities in Virginia are listed below:

Department of Mental Health, Mental Retardation and Substance Abuse Services: <http://www.dmhmrzas.state.va.us>

Department of Juvenile Justice: <http://www.djj.state.va.us>

Department of Education: <http://www.pen.k12.va.us>

Department of Social Services: <http://www.dss.state.va.us>

If the agency is located outside of Virginia, the appropriate state's Child Abuse Hotline can be found at: \_ <http://www.kidshelp.org/phonenumbers.htm>

In no instance should the Children's Residential Facility Observation Report take the place of a child protective service abuse and neglect complaint. If a situation in an in-state or out-of-state facility warrant a CPS complaint, the complaint should be filed through normal reporting channels in addition to completing and submitting the Observation Report.

#### 9.11.3 Referring Cases for Review by the Family Assessment and Planning Team (FAPT)

When serving as case manager for a FAPT case, the worker is responsible for:

- Providing information to the FAPT to be used in up-dating and revising the Individual Family Service Plan (IFSP) and/or the Foster Care Service Plan;
- Notifying foster parents in advance of all FAPT meetings related to a child who has the goal of permanent foster care or is in a long-term foster care placement. Long-term placement is twelve months or longer. The foster parents have the right to either speak at the meetings or submit written recommendations and testimony. The FAPT shall consider the foster parents' opinions in developing the service plan.
- Participating in all FAPT reviews, and encouraging the parent(s) to participate in FAPT reviews; and
- Complying with local and state CSA policies and procedures.

#### 9.11.4 Completion of OASIS Requirements

OASIS must be kept up-to-date to reflect required elements needed for AFCARS compliance and compliance with other federal and state requirements. The AFCARS elements are highlighted in red in the system, while the other mandated elements are highlighted in yellow. (See Appendix B for AFCARS elements) The worker is responsible for entering and updating all case data in OASIS as soon as possible, but no later than 30 days after, each activity or event.

#### 9.11.5 Completion of the Case Narrative

The case narrative must include a detailed chronological account of what is occurring in a case. The narrative should very clearly describe events, contacts, dates, parties involved, problems, interventions and all other activity regarding the case. Information included in the case narrative should be of such a detailed nature as to provide other readers a clear understanding of developments and issues in the case. The case narrative is required in OASIS and is to be entered on the contacts screen in the comments box. While not required, hard copies of the narrative may be printed and placed in the case file.

The case narrative in OASIS should include, but is not limited to, descriptions of the following events and activities:

- Face-to-face client contacts
- Court hearings
- Family visits
- Provider contacts
- Telephone contacts

### **9.12 Services to Older Youth in Foster Care**

Opportunities for Independent Living activities, services, and learning experiences should be provided to youth in foster care no matter what their permanency goal. (Refer to Section 9.7.1 and 9.7.3 for information regarding types of independent living services).

Independent living activities should not be seen as an alternative to permanence for any youth. Rather, they should be provided to youth while concurrently pursuing return home, adoption and other permanency goals (Foster Care Independence Act of 1999).

#### 9.12.1 Eligibility Requirements for ILP Services

ILP Services will be provided to youth, ages 16-21, who are in a foster care placement. A Transitional Independent Living Plan is required for all youth, ages 16-21, who are in a foster care placement. Young people, 18 to 21, who have left foster care to live on their own, are eligible for ILP services through Chafee Foster Care Independence Program funds. See Section 12.15.

### 9.12.2 How Long a Youth May Receive Services and Support from the Agency

Even though anyone over the age of 18 is an adult under Virginia law, a child in foster care before the age of 18 may continue to receive services from the local agency between age 18 to 21 if:

- The youth willingly agrees to remain in placement and cooperate with all services and this is documented in the case record; and
- The youth is making progress in an educational, treatment or training program; or
- If the youth is in permanent foster care, requires continuing foster care assistance to participate in an educational, training, or treatment program, and wishes to remain in foster care, the agency must maintain that youth in foster care until age 21. (§63.2-908)

## **9.13 Providing Medical Services and Treatment for the Child**

### 9.13.1 Consent for Medical Treatment for Children in Custody

- Where possible, parent(s) of a child who is committed or entrusted to a local agency should always be involved in the medical planning for the child. When parent(s) are not available, or their consent cannot be obtained immediately, a court order is required for major medical/surgery treatment. If the court order is not readily available, the superintendent, director or his/her designee may consent. (§§16.1-241 and 54.1-2969 a.2)
- A judge may give blanket authority to the agency to give consent. Such blanket authority should be in writing and signed by the judge.
- Any authorized person who consents to medical/surgical treatment of the child must make a reasonable effort to notify parent(s)/guardians as soon as possible.
- Foster parents, adoptive parents prior to the final order, and residential facilities can obtain routine or minor medical care for the child.

### 9.13.2 Consent for Medical Treatment for Children Placed in Foster Care through Non-Custodial Agreements Where Parent(s) Retain Custody

Parent(s) or guardians of children in non-custodial foster care placements must provide consent for medical treatment, except in those instances where consent has been delegated to the agency in the non-custodial foster care agreement with the agency.



### 9.13.3 When a Minor May Consent to Medical and Health Services

- To determine the presence or treatment of venereal disease or any infections or contagious disease reportable to the state health department;
- For birth control, pregnancy, family planning and out-patient care; and
- For treatment or rehabilitation for substance abuse, mental illness or emotional disturbance (§54.1-2969 e).

### 9.13.4 Authority of Permanent Foster Parents to Give Consent for Medical Care

The foster parent of a child in a court approved permanent foster care placement has the right to consent to surgery unless the court order for placement has modified this right. (§63.2-908)

### 9.13.5 Medical Care and Treatment to be Provided to a Child in Foster Care Placement

- 9.13.5.1 A medical examination of the child, using EPSDT, should be obtained no later than 60 days after placement, commitment or entrustment.
- 9.13.5.2 Periodic routine medical and dental examinations at least annually for children four years of age and over must be provided. For children less than four, the agency should follow the EPSDT check-up chart or document in the record reasons why it is not being followed.
- 9.13.5.3 Medical care must be provided for the child who is ill or injured and ongoing medical treatment for the child with physical, mental or emotional disabilities.

## **9.14 Providing Services during Residential Placement**

### 9.14.1 The Roles and Responsibilities of the Agency

- Maintain telephone contact with the facility staff to coordinate services as often as possible but no less than once a month. These contacts must be documented using the contact screen in OASIS.
- Workers should visit the child in the residential facility at least monthly. If unable to conduct these visits on a monthly basis, face-to-face visits with the child in the residential placement must occur no less than quarterly to ensure appropriate care is being given, to ensure the implementation and continued suitability of the treatment plan and to keep all parties informed of any and all actions and/or progress in the case. Children placed in emergency temporary care facilities must be visited at least once a month and more often if needed. These contacts must be documented in OASIS on the contact screen.

- Continue contact with and services to the parents while the child is in residential care. The agency and facility must encourage and assist with, where possible, visits between the child and parents. The parents must be kept informed of their child's progress and needs while in placement.
- Complete the Children's Residential Facility Observation Report form available in OASIS, after every visit.
- Develop a plan to transition the child back to the family or community. The Family Assessment and Planning Team may be utilized to facilitate the development and access to coordinated and community-based services when the child returns to the community.
- Arrange for or provide services to transition the child from the facility back to the community.
- Ensure that local purchase of service procedures is followed.

#### 9.14.2 Roles and Responsibilities of Residential Facilities Based upon Licensing Standards

- Prepare a plan for the child within 30 days of child's placement in the residential facility. This plan must provide goals and objectives for meeting the needs of the child. This plan should include transition services that will help the child to return to parent/community within a specified time as defined in the service plan.
- Notify the agency of the child's progress and behaviors, including any serious incident, while the child is in residential care through regular reports.
- Coordinate treatment services for the child.

#### 9.14.3 Returning the Child to the Family and Community

In order to ensure the successful return of the child to the home/community, the service plan must include treatment objectives, timelines and outcomes. (See Section 8.4) Supportive services must be identified and provided to the child and family when the child returns to the community.

### 9.15 **Providing Special Education Services**

- 9.15.1 School divisions are mandated by law to provide, without cost, instruction specifically designed to meet the unique needs of children with disabilities, ages 2 through 21 (§22.1-214).
- 9.15.2 A child is determined eligible for special education and related services by an eligibility team at the school. This team uses data gathered through a comprehensive evaluation.

The school division may use data provided by the local agency or other source (e.g., psychological, medical, hearing or vision screenings/evaluation, and sociocultural evaluations). This team makes its decision for such services no later than 65 business days after the referral for the evaluation is received by the division.

- 9.15.3 The school division must develop an individualized education program (IEP) within 30 calendar days after eligibility has been determined.
- 9.15.4 If the child's parent cannot be found or parental rights have been terminated, school divisions are required by law to train and appoint surrogate parents to represent the educational interests of the children, which may include those in the custody of local departments. When a surrogate parent is appointed, that individual holds the same rights and responsibilities relative to the child's education as are afforded to parents. Local school division may appoint the foster parent as the surrogate parent. When parental rights are terminated, the child is in permanent foster care, and the foster parents have an ongoing, long-term relationship with the child, the school division may recognize the foster parent as the parent. A surrogate parent is not required for a child in a non-custodial placement. The parent or guardian is responsible for requesting services and signing IEPs. The federal Individuals with Disabilities Education Act prohibits local agency staff from serving as parents (or surrogate parents) for children in agency custody.
- 9.15.5 If the child's parents (which includes birth parents, adoptive parents, permanent foster parents (in the situation described above) or surrogate parent disagree with the evaluation conducted by the school division, they may request an independent evaluation at public expense.
- 9.15.6 If the local agency or foster parents have any concerns or disagreements about a foster care child's special education program or implementation of the special education procedures, the local agency social workers should first contact the director of special education in the local school division for resolution. If resolution is not achieved at the local level, the local agency may contact the Virginia Department of Education's Dispute Resolution and Administrative Services unit in the Division of Special Education and Related Services (<http://www.pen.k12.va.us/VDOE/sess> for more information about mediation, complaints and due process hearings.

## **9.16 Providing Respite Care Services**

Respite care is a therapeutic support service designed to offer short-term relief to families caring for children by providing substitute care for children. The purpose of respite care for families, including foster families, is to reduce foster home disruption and provide a stable foster care placement for the child. It can be provided on an emergency or planned basis. The following requirements must be met:

- The respite care provider must be approved by the agency as meeting out-of-home or in-home provider standards or be a licensed provider.

- Respite care can be provided for up to 30 days per year. If more than 30 days per year is needed for a child with special needs, the reasons for the need for additional respite care should be documented in the record. Respite care should not extend beyond 60 days per year.
- Respite care is not the provision of an emergency placement when a placement has disrupted, or short term placement of a child in a residential facility for the purposes of treatment.
- The agency shall assure that a basic orientation to the agency's mission and goals, policies and procedures related to medical treatment, emergencies, liability, transportation, and confidentiality and information about the child is provided to the respite care provider prior to the commencement of services.
- Respite care is a service. While the child is receiving respite care services, the foster parents shall continue to receive foster care maintenance payments.

## 10. Reassessments, Reviews, and Redeterminations

### 10.1 Reviewing The Service Plan: Legal Authority

State board policy and the *Code of Virginia* require that service plans for children in custody or foster care placement be reviewed to assure the effectiveness of permanency planning for every child. Procedures for review are described below, (§63.2-907 and 16.1-282). A formal review must be held at least every six months. The types of reviews are foster care review hearings, permanency planning hearings, administrative panel reviews, and supervisory reviews. These review dates must be entered into OASIS.

### 10.2 Reassessments and Reviews

#### 10.2.1 Types of Reviews and Hearings

Foster care review hearing (§16.1-282): This is a court hearing to review progress made on the foster care plan. This hearing is held within six months of the 75-day dispositional hearing or the hearing approving the entrustment agreement and continue to be held in certain instances.

Permanency planning hearing (§16.2-282.1): This is a court hearing where action is to be taken by the court to achieve permanency for a child. This hearing is held:

- Within five months of the first foster care review hearing; and
- Within 11 months of the dispositional hearing; and
- Within 14 months of placement.

A permanency planning hearing may be held earlier if permanency can be achieved for the child earlier. If a permanent plan cannot be achieved at this hearing, a second permanency planning hearing shall be held within six months. The court must make a judicial determination that reasonable efforts have been made. (See Section 10.4 for a “Basic Time Line” of the Court Hearing dates and requirements).

If the court determines that reasonable efforts do not need to be made to reunite the child with the parent at a hearing other than a permanency planning hearing, a permanency planning hearing must be held within 30 days of that determination.

Administrative panel reviews: Federal law requires reviews every six months. These may be court reviews or a court review alternating with an administrative panel reviews (APRS). Panel reviews are not court hearings, but agency reviews held instead of court reviews for children who have a permanent goal. They are held within six months of the permanency planning hearing where a permanency goal is approved and yearly thereafter, alternating with court reviews as appropriate.

Local Supervisory Reviews: These are reviews for children age 18 and over who are in foster care. Court hearings are not required for these children. These reviews are held every six months.

#### 10.2.2 Parental Attendance at Court Hearings

Parents are to be provided notice of each hearing by the court. At each hearing, they will be given notice of the next hearing. If they are not present, they shall be summoned to the next hearing. If they have been given proper notice, or the court determines they cannot be found after reasonable effort, the hearing may be held without parents present. The intent of this requirement is to encourage parental attendance at all hearings. Exception: Parents whose rights have been terminated do not receive notice.

Foster parents and pre-adoptive parents are to be notified of every hearing. Their names should be included on the foster care service plan transmittal submitted to the court.

#### 10.2.3 Scheduling of Court Hearings

At each court hearing, the court shall schedule on the docket the next court hearing. The court will also provide notice to those present who need to attend the next hearing. If the court establishes the next court date on the docket, the agency will not have to ask the court to set a court date.

#### 10.2.4 Completing the Foster Care Service Plan Review Form

Prior to the Foster Care Review Hearing, the Permanency Planning Hearing, or the Administrative Panel Review, the worker should reassess the progress that has been made toward meeting the goal in the service plan. The worker should record the results of that reassessment on the Service Plan Review Form developed in accordance with the requirements below. The review form provides a description of what has happened in the case since the service plan was developed. For children with a goal of Adoption, the Foster Care Review Form and the Adoption Progress Report must be submitted to the court whenever a hearing is held. However, the Adoption Progress Report may substitute for the foster care review form at an administrative panel review.

Input from the birth family or prior custodian, foster parents, or other providers, and when appropriate, the child, should be sought in completing this reassessment.

The Service Plan Review Form must be signed by the worker and supervisor, and includes:

- The services which were offered to the child and family to meet the needs identified in the last service plan;
- The appropriateness of services, and the barriers to goal achievement, including:
- An identification of resources that are needed by the family that are not available in the community; and
- A discussion of the effectiveness of the services provided;
- Any changes in the service plan, such as changes in services, placement, or visitation;
- The reasons for retaining the child in care, including efforts to return the child home, and when appropriate, an assessment of the risk to the child should the child return home or be placed with relatives;
- The birth family's or prior custodian's current situation;
- The frequency, duration, location, and results of any visitation;
- Information about the child's relationship with the birth family, including relatives;
- Information regarding the child's current relationship with siblings and, if siblings are not placed together, services being provided to achieve reunification and maintain contact among siblings;
- Pertinent information about birth, medical and developmental history of the child, if not available in prior assessments;
- Information on current health and physical development and recommendations for any necessary follow-up treatment or further checkup with specialists;
- Current information on psychological, social and educational functioning with specific descriptions and recommendations regarding peer relationships, coping mechanisms, learning disabilities, emotional symptoms or behavior problems. The review must address the current educational status of the child;
- Information from the foster parents or other providers about the child's adjustment to foster care and the child's current level of social and emotional

functioning. Information about the child's relationship with the foster parents or other providers to assess the degree of attachment with the child.

- Any changes in identified needs and services to be provided during the next six months for children and their families; and
- A statement that parents with residual parental rights or prior custodians have been notified in writing of any change in placement, visitation privileges, and provided 10 days advance notice of the panel review.

#### 10.2.5 First Foster Care Review Hearing

The purpose of the first foster care review hearing is to review the progress made on the initial Foster Care Service Plan or make changes in the plan pursuant to §16.1-282.

The first foster care review hearing is scheduled to be held within six months after the 75-day hearing or the hearing at which the foster care plan is initially reviewed.

Thirty (30) days prior to the scheduled hearing, the agency will submit to the court:

- A petition for a foster care review hearing
- A Foster Care Service Plan Review Form which shall include any updates to the initial foster care service plan; and
- A Foster Care Service Plan Transmittal listing individuals who should receive a copy of the petition and/or be notified of the hearing. These include the child, if age 12 or over, the parents, guardian, or prior custodian, the Guardian ad Litem, the foster parents, the agency and any other interested parties the court directs. A new foster care plan is not required unless the goal changes.

The court will review progress toward meeting the foster care goal, approve changes to the plan, enter any appropriate orders, and determine whether reasonable efforts have been made to return the child home if that is the goal or to finalize another permanent placement.

The service worker must verify that the judge has correctly checked the box that indicates reasonable efforts have been made.



10.2.6 Permanency Planning Hearing (§16.1-281.1), Adoptions and Safe Families Act of 1997

10.2.6.1 The purpose of this hearing is to establish a permanent goal for a child and either to achieve the permanent goal or to defer such action through the approval of an interim plan for the child. Due to the requirements of the Adoptions and Safe Families Act of 1997, agencies need to follow the requirements for the Permanency Planning Hearing carefully.

10.2.6.2 This hearing should be scheduled at the previous foster care review hearing. The first permanency planning hearing must occur within five months of the foster care review hearing and within 14 months of the date of placement.

10.2.6.3 Thirty days prior to the hearing, submit to court:

A Permanency Planning Hearing Petition. The agency shall petition the court to take one of the following actions:

- Return custody to parents or prior custodians.
- Transfer custody to relatives
- Dissolve the non-custodial agreement and return the child home.
- Terminate parental residual rights pursuant to §16.1-283. The agency must file a service plan changing the goal to adoption.
- Place the child in permanent foster care. The agency must identify the permanent foster parents.
- Approve the goal of independent living for a child 16 and over if other goals are not appropriate. The agency must file a service plan, which includes a transition plan.
- Approve the goal of another planned permanent living arrangement.
- Continue custody with the agency, or
- Transfer custody to the agency of a child in non-custodial foster care.

A Foster Care Service Plan Transmittal Form with the names and addresses of individuals who should receive the foster care service plan and/or be notified of the hearing. These include the child, if age 12 and over; the Guardian ad Litem; child's parents or prior custodian; parents'

attorney, foster parents; pre-adoptive parents, the agency; and other interested parties the court directs, such as attorneys for DSS, or CASA.

A new Foster Care Service Plan Review Form.

A new Foster Care Service Plan. The plan submitted at the permanency planning hearing must address additional issues related to achieving permanency for the child when a child continues in foster care. They are as follows:

- If the agency decides that it is in the best interests of the child to ask for continued custody and the goals are return home, placement with relatives, or continued foster care, the agency must describe in the service plan how the agency intends to accomplish the goals of return home or placement with relatives in the next six months. If the goal is continued foster care, the agency must identify a new goal and describe how it will achieve that goal in the next six months; and
- The agency must explain in the Foster Care Service Plan Part B why the child could not be returned home, placed with relatives, or if the goal is continued foster care, achieve any other permanent goal at this time.
- If the agency petitions the court to transfer custody to parents, prior custodians or relatives, the agency does not have to submit a new Foster Care Service Plan to the court at the permanency hearing. It will describe the reunification services that will be provided to the family in the foster care service plan review form. If the court does not approve the transfer of custody, the agency will need to develop a new Foster Care Service Plan identifying how it will achieve the goal for the child in the next six months.
- The agency must determine whether it will petition for termination of parental rights. If the agency determines it will not petition for termination of parental rights at the permanency planning hearing, it must document in the Foster Care Service Plan or the Permanency Plan (Part B) one of the following exceptions:
  - Termination of parental rights (TPR) is not in the best interests of the child. The law requires that the agency document a compelling reason explaining why termination is not in the best interests of the child,
  - The child is being cared for by a relative, or
  - The agency has not provided services to the parents deemed necessary for the safe return of the child.

Examples of compelling reasons for not petitioning for termination of parental rights would include a youth not wishing to be adopted after a thorough discussion of adoption, a child in a long-term permanent foster care home where the foster parents do not wish to adopt, a plan to return the child to a parent or place with relative which needs additional time to achieve, or lack of grounds for termination. See Section 9.5.5.10.

If the agency determines it will petition for termination of parental rights, it must:

- File a petition which states termination of parental rights is in the best interests of the child.
- File a service plan with the goal of adoption.
- File petition(s) for termination of parental rights if it is ready to do so. If the agency does not petition at that hearing, it should petition within 30 days of the hearing to assure that federal requirements are met. Federal law requires that the agency petition for TPR by the end of the 15th month of placement for children adjudicated abused and neglected, who have been in care 15 of the last 22 months and by the end of the 15th month of placement for all other children who have been in care 15 out of the last 22 months unless an exception cited above exists. While this provision is not in state statute, it is a requirement of federal law, which Virginia has chosen to implement procedurally.

If the court does not approve the agency's request to change the goal to adoption or seek termination of parental rights, the agency will not be required to petition for TPR since the court had determined that another course of action is in the best interests of the child.

10.2.6.4 The court will order one of the following permanency actions, documenting its findings on the permanency plan order:

- Approve the agency plan for the child, which transfers custody to parents, prior custodians, or relatives;
- Change the goal to adoption and begin the termination of parental rights process;
- Order the agency to provide the child independent living services; or
- Place the child in permanent foster care.

- Approve the goal of “another planned permanent living arrangement”.
- Hearings may end for children whose custody is transferred to parents, prior custodians, or relatives.
- In all cases, the court will schedule the next foster care review to occur within one year and provide notice to all present; or
- Approve continued custody or placement with the goal of return home. The court must determine that the parent(s) are making progress, have maintained a close relationship with the child, the child is likely to return home in the near future, and the agency is making reasonable efforts to return the child home. The court must make a judicial determination that reasonable efforts are being made and document this in the court order. The court will schedule a second permanency planning hearing to occur within six months; or
- Approve continued custody with the agency and the plan to achieve another permanent goal within six months. The court must determine that reasonable efforts to achieve a permanency plan are being made, but it is premature to transfer custody or achieve a permanent goal for the child at this time. the court will schedule a second permanency planning hearing to be held within six months; or
- Approve “another planned permanent living arrangement”, and schedule a foster care review hearing to be held within six months to review the child’s placement. The court shall review a foster care plan for any child who is placed in another planned permanent living arrangement every six months from the date of the permanency planning hearing. These six-month reviews must continue as long as the child continues to have a severe disabling condition for which the child requires residential treatment and remains in the legal custody or placement authority of the agency. (§16.1-282.1) The court order must document that reasonable efforts to achieve a permanency plan are being made.

Documentation in OASIS: permanency planning hearings must be documented on the court/hearing details screen, and the hearing detail results screen.

#### 10.2.7 Subsequent Permanency Planning Hearing

This hearing will occur within six months of the first permanency planning hearing should a permanency goal or plan not be achieved by the first permanency planning hearing. A second permanency planning hearing occurs when the court approves the goal of return home, placement with relatives, or continued foster care. The same requirements apply to this hearing as apply to the first permanency planning

hearing. The court order must document that reasonable efforts are being made to return the child home or achieve another permanency plan.

#### **10.2.8 Foster Care Review Hearings after a Permanency Goal is Approved**

The purpose of these foster care review hearings is to review progress in cases where the permanency goals of reunification, placement with relatives, adoption, permanent foster care, independent living, or “another planned permanent living arrangement” have been approved.

Where the goals of reunification, placement with relatives, adoption, or independent living are approved, the foster care review hearings are held annually after the permanency planning hearing. Administrative panel reviews are held at six-month intervals between these yearly court reviews. These court hearings are discontinued once the final order of adoption is issued or the child turns age 18. (Where the goal of permanent foster care has been approved, see Section 10.3 regarding annual foster care review hearings).

Where the goal of “another planned permanent living arrangement” is approved, foster care review hearings are held every six months.

Thirty days prior to a scheduled hearing, the agency submits a petition for foster care review, an adoption progress report if the goal is adoption, the foster care service plan transmittal, service plan review form, and new foster care service plan if there is a change in goal.

The court reviews progress in the case, approves the foster care service plan, and enters appropriate orders documenting findings on reasonable efforts to achieve a permanency plan.

### **10.3 Permanent Foster Care And Reviews**

Once children are placed in a court approved permanent foster care placement with a permanent foster family named in the court order, they are to have annual foster care review hearings scheduled at the conclusion of the hearing where the permanent foster care order was entered (§16.1-282.2). Annual court reviews are intended to allow the court to consider the appropriateness of the services provided and changes in circumstances that led to the court placing the child in permanent foster care. (See Sections 10.2.8.1; 10.2.8.2; and 10.2.8.4).

Permanent foster care cases are subject to administrative panel reviews which are to occur every six months, between the annual judicial reviews.

**10.4 Basic Time Line**

<b>TIMING</b>	<b>STATUTE</b>	<b>HEARING TYPE</b>	<b>FORMS</b>
Immediately	§16.1-251 §16.1-253	Emergency Removal Order (ERO)	Petition DC – 511 Emergency Removal Order DC-526 Preliminary Child Protective Order, if necessary, DC-527
Within 5 Days	§16.1-252 §16.1-253	Preliminary Removal Order (PRO) & Adjudication	Petition DC – 511 Preliminary Removal Order DC – 528 Preliminary Child Protective Order, if necessary, DC – 527
Within 30 Days	§16.1-252 §16.1-253	Adjudication, only if no adjudication at PRO	Petition DC – 511
Within 60 Days	§16.1-281	Submission of Foster Care Service Plan. No court hearing at this time	Foster Care Service Plan
Within 75 Days of Preliminary Removal Order Hearing	§16.1-277.01 §16.1-277.02 §16.1-278.2 §16.1-278.3 §16.1-281	Disposition – Initial Foster Care Service Plan Reviewed	Child protective Order DC-532 Foster Care Plan Transmittal DC - 552 Foster Care Service Plan Part A Permanency Plan Part B, if initial goal is not return home Dispositional Order for Petition DC – 553
Within 6 months of Disposition	§16.1-282.1	Foster Care Review Hearing	Petition for Foster Care Review Hearing DC – 554 Foster Care Service Plan Transmittal DC – 552 Foster Care Service Plan Review Foster Care Review Order DC - 555
Within 5 months of Foster Care Review Hearing	§16.1-282.1 §16.1-283	Initial Permanency Planning Hearing	Petition for Permanency Planning Hearing DC – 556 Foster Care Service Plan Transmittal DC – 552 New Foster Care Service Plan Part A Permanency Plan Part B Foster Care Service Plan Review Permanency Planning Order DC – 557

TIMING	STATUTE	HEARING TYPE	FORMS
Within 6 months of Initial Permanency Planning Hearing or Second Permanency Planning Hearing	§16.1-282.1	Subsequent Permanency Planning Hearing for goals of Return Home, Placement with Relatives, or Continued Foster Care (If interim plan approved at Initial PPH)	Petition for Permanency Planning Hearing DC – 556 Foster Care Service Plan Transmittal New Foster Care Service Plan Part A Permanency Plan Part B Foster Care Service Plan Review Permanency Planning Order DC – 557
Within 6 months of Second Permanency Planning Hearing and every 12 months thereafter		Administrative Review	Foster Care Service Plan Review Form <b>or Adoption Progress Report</b> Administrative Panel Review Form
6 months from date of approval of Another Planned Permanent Living Arrangement (APPLA)	§16.282.1	Foster Care Review Hearing	Petition for Foster Care Review DC – 554 Foster Care Review Order DC – 555 Foster Care Service Plan Transmittal DC – 552 Foster Care Service Plan Review Foster Care Review Order DC - 555
or 12 months from last Permanency Planning Hearing for Adoption prior to final order, Permanent Foster Care or Independent Living		Foster Care Review Hearing	
Filed every 6 months From the date of final order terminating parental rights		Adoption Progress Report Filed until final order of adoption is issued; the court may not hold a hearing	Adoption Progress Report (DSS Form)

## **10.5 The Adoption Progress Report**

If parental rights have been terminated and the goal for the child is adoption, the agency must submit the adoption progress report to the court documenting progress toward adoption within six months of termination of parental rights. The court has the option to schedule a hearing to review this report. The court will hold annual foster care review hearings after termination of parental rights until the final order of adoption is issued. The court order must document reasonable efforts to finalize a permanency plan. The agency must continue to submit the adoption progress report every six months to the court until the adoption is finalized.

The court will provide a copy of the adoption progress report to the Guardian ad Litem (GAL) for the child.

The agency must send copies of completed adoption progress reports to the foster care and adoption regional specialists.

The Adoption Progress Report is completed and filed every six months from the date Termination of Parental Rights is achieved in Juvenile Domestic and Relations Court, until the adoption has been finalized. The service worker should notify the court when the adoption is finalized. The Adoption Progress Report form may also be used to document the Administrative Panel Review required for children who have the goal of adoption and for whom the timing of the Administrative Panel Review and the required adoption Progress Report coincide. (See Section 10.6).

## **10.6 Administrative Panel Reviews**

Administrative Panel Reviews are held for children who have a foster care goal of:

- Adoption
- Permanent Foster Care
- Independent Living

Administrative Panel Reviews (APRs) begin six months after a permanency planning hearing when one of the above referenced goals is approved by the court. The child will continue to have administrative panel reviews alternating with annual foster care review hearings until a final order of adoption is issued or the child reaches age 18.

### **10.6.1 Function and Purpose of the Administrative Panel Review**

The function of the APR is advisory. Recommendations made as a result of the APR process should be considered in planning services for the child and family. These reviews provide a forum for consideration, discussion, and planning for the care of the child as well as for a review of the effectiveness of service provision for the child and family. These reviews provide an opportunity to ensure that children, parents, the local department, and other team members involved with



the family remain committed to and are making every reasonable effort to achieve the goal identified for the child.

#### 10.6.2 Composition of the Review Panel and Notification

The administrative review shall be conducted by a panel of appropriate persons at least one of whom is not responsible for the case management or delivery of services to either the child or the parent(s).

The following individuals must be invited to participate in the APR and must be provided with written notice of the meeting at least 30 days in advance:

- 1) Parents who have not had parental rights terminated;
- 2) Foster parents, resource parents and pre-adoptive parents;
- 3) Staff from child placing agencies and residential placements when applicable;
- 4) Child if age 12 or older unless it is determined to be detrimental to the child's well-being;
- 5) Guardian ad Litem (GAL);
- 6) Any professional providing services to the child and parents;
- 7) An outside objective panel member; and
- 8) At the child's request, relatives or other significant persons who have a positive relationship with the child.

Attorneys representing parents and the agency may be invited when determined appropriate by the local department.

Outside objective panel members participating in the review may be (but are not limited to) court service workers, private citizens, staff of other services agencies, multi-discipline team members, other agency workers, FAPT team members or placement providers not involved in the case being reviewed.

Confidentiality of case records must be maintained and all panel members must sign a confidentiality statement such as those contained in the Administrative Panel Review form or the Individual Family and Service Plan (IFSP). (Sample Invitation Letters for professional staff and one for parents can be accessed in Appendix A).

Input from all panel members should be considered and the local department is the responsible agency to ultimately decide how all input is used in the planning for the child.

The Family Assessment and Planning Team (FAPT) staffing may substitute for an APR as long as the requirements for the APR are met.

### 10.6.3 Conducting and Documenting the Administrative Panel Review

The Foster Care Service Plan Review Form or the Adoption Progress Report must be completed prior to the Administrative Panel Review. When the goal for the child is adoption, the Administrative Panel Review should, whenever possible, be timed to coincide with the submission of the Adoption Progress Report to the court.

During the APR, the panel must address and make recommendations when needed concerning the following:

- How the services provided during the preceding six months met the needs of the child as defined in the service plan;
- In what ways is the child's current placement meeting the child's needs;
- The parent(s)', child's, and foster care or pre-adoptive provider's or other attending family members issues and concerns regarding planning for the child;
- The agency's, parent(s)', child's, and foster care or pre-adoptive provider's engagement in services and activities identified in the service plan;
- Any barriers to progress;
- Appropriateness of the program goal for the child and of the date for goal achievement; and
- Continuing need for placement.

The findings of the panel and any recommendations made by the panel, including changes to the service plan, must be recorded on the Administrative Panel Review Form or the Adoption Progress Report in OASIS. Recommendations from the APR that result in a change from the existing service plan should be documented. Local departments should consult with their attorney regarding the appropriate process for communicating these changes to the court.

The birth parent(s)/prior custodians, foster parents, or pre-adoptive parent(s) not in attendance should be given a copy of the final report from the Administrative Panel Review. To ensure protection of the child's confidentiality, the report should not be sent by mail but delivered in person.

(See Appendix C for Casework Procedures and Core Practice Issues on Administrative Panel Reviews)

## **10.7 Local Supervisory Reviews**

A local supervisory review is required every six months for children placed in their own homes, but still in the custody of the department and for youth ages 18-21.

When a child returns home after being in a foster care placement and remains in the custody of the agency, the supervisory review should be scheduled six months from the last Administrative Panel Review.

The Foster Care Service Plan Review Form is to be used for the local supervisory review. A new Review Form must be completed each time a review is held. The supervisor must sign the review.

## **10.8 Exceptions to Required Reviews**

### **10.8.1 Hearings when Cases are on Appeal**

When a case is on appeal for TPR, the Juvenile and Domestic Relations District Court retains jurisdiction on all matters not on appeal and must continue to hold reviews. The appeal hearing may substitute for a review hearing if the appeal court adjudicates the future status of the child.

### **10.8.2 Children Committed to the Department of Juvenile Justice**

Children formerly in local agency custody who have been committed to the Department of Juvenile Justice (DJJ) are not subject to administrative panel reviews or court review hearings during their commitment.

Children committed to DJJ who return to foster care are subject to panel reviews and the appropriate court review hearing, if placed outside of their home in foster care. When the child returns to foster care, the scheduling of panel reviews and foster care review hearings resumes in accordance with the original schedule. A new service plan should be filed within 60 days or earlier if necessary to resume the original schedule.

## **10.9 Developing the Plan When the Goal Is Changed To Adoption**

At the permanency planning hearing, or at any other hearing that results in the decision to change the child's goal to adoption, the agency shall file a petition with the court 30 days prior to the hearing to terminate parental rights, along with the foster care service plan.

### 10.9.1 Information Needed

When the goal of adoption is selected, consultation between the foster care and adoption staff must occur. Additional information may need to be gathered. This information is critical as it will serve as a basis for identifying adoption services, will be used in the selection of an appropriate adoptive home, and will be the only information available to the child after adoption about the child's birth family and background. If any of this information is missing from the foster care record, one of the services that must be identified on the new plan will be to obtain the missing information. The additional information that may need to be gathered includes:

- Detailed information about birth, medical and developmental history of the child and family, including genetic information;
- Current information on health, developmental and educational functioning of the child; and recommendations for any necessary follow-up treatment or further check-ups with specialists. If medicals have not been done in the last 12 months, the adoptive placement plan must reflect that these will be obtained once termination of parental rights has been achieved;
- Information from foster parents about the child's attitudes, habits, and daily routines, their methods of discipline and pertinent observations as to the child's reactions and relationships in their home, likes and dislikes, nicknames, and favorite toys;
- Information regarding whether the siblings are presently together in foster care, and the relationships of the siblings to each other;
- Information about the child's relationship with the birth family, including extended relatives and an assessment of the impact of termination of parental rights on the child and family; and
- Information about the child's relationship with the foster parents to assess the level of bonding to determine whether the foster parents should be considered as an adoptive resource for the child.

### 10.9.2 Foster Care Plan Change to Adoption

The foster care plan requesting a change to the goal of adoption shall include:

- A statement and documentation that the goal of adoption is in the best interest of the child; this is put in Part B or a separate section of the Foster Care Service Plan.
- The reasons for selecting the goal of adoption; this is put in Part B or a separate section of the Foster Care Service Plan (Part A).

- Ongoing services that will be provided to the child, birth parents, and the foster parents. This is put on the Foster Care Service Plan.
- The responsibilities of the parents or prior custodian included in the prior assessment and service plan and whether they have or have not met them; this is put in Part B or a separate section of the Foster Care Service Plan. These responsibilities must correspond with the responsibilities identified in the initial or any updated Foster Care Service Plan.
- The specific action planned to identify and select an adoptive family and the specific services to be provided to prepare the child for an adoptive family. These services are put in the Foster Care Service Plan and include:
  - Services to build trust with the worker who will make the placement.
  - Services to gather all medical, psychological, social and family background information for the child's permanent adoption record.
  - Services to help the child deal with the past and be committed to an adoptive placement.
  - Pre-placement services and activities with adoptive parents.
  - Services to meet the child's needs while in foster care waiting for adoptive placement.
  - Registration with AREVA or other adoption exchanges as well as other recruitment efforts (Refer to Vol. VII, Section III, Chapter C, Section 7 for information about AREVA and registering children in AREVA).
  - Assessment of the child's special needs for purposes of subsidy.
  - Services for the birth parents including, but not limited to:
    - Services to help them separate from the child and support an adoptive placement.
    - Services to help parents deal with their loss, guilt, and other feelings related to the child.
  - Services for the foster parent including, but not limited to:
    - Services to gather pertinent information on the child's development and behavior.

- Assessment of the foster parents as a primary adoptive resource for the child or services to help the child move to an adoptive placement.
- Services that will assist the foster parents in meeting the needs of the child.

The specific services to be provided to the child and adoptive family after adoptive placement are not provided until after termination of parental rights has occurred. Upon submission of the plan and registration with AREVA, the services should be identified in the plan and offered.

## **10.10 Redeterminations**

### **10.10.1 Redetermination of Title IV-E Eligibility**

Eligibility must be re-determined at least annually.

The service worker shall submit to the eligibility worker the same information required for initial determination, except the commitment order or entrustment agreement. This information includes:

- Verification of appropriate placement;
- Current location of parents;
- School enrollment;
- Real and personal property (including balance in special welfare account);
- Verification of child's earned and unearned income.

The eligibility worker is to be notified immediately of any change in the child's situation that might affect eligibility, including notification in advance that a child will become age 18, or is expected to graduate from high school prior to reaching age 19.

### **10.10.2 Notice of Changes Affecting Child Support**

As soon as there are changes in the status of the foster care case or in the situation of the absent parents, the service worker must notify the eligibility worker in writing. The eligibility worker must notify the Division of Child Support Enforcement. Changes in the status of a foster care case or the absent parent's situation may include the following:

- Good cause no longer exists because the service plan goal for the child changes from the goal of return to parents to another goal.

- Parental rights are terminated or the parent(s) have signed a permanent entrustment agreement.
- The child is emancipated or becomes age 18.
- The whereabouts of the child are unknown.
- Death of the child.
- The child is returned to a parent who is a recipient of TANF.
- The foster care case is closed.

At each eligibility redetermination, the service worker will inform the eligibility worker about the status of good cause for not pursuing child support, where appropriate.

#### 10.10.3. Redetermination of Eligibility for Medicaid

The service worker is responsible for providing the Medicaid worker information required for the annual redetermination of eligibility and information related to changes in the child's situation.

Changes that might affect eligibility include: changes in income or resources (wages, inheritances, savings, etc.); return of a child to his home on a permanent basis or a trial visit in excess of three months; termination of custody by the court; or placement of children in jails, detention centers, or learning centers.

## 11. Closing A Care To Foster Care

### 11.1 Legal Authority To Close A Case

#### 11.1.1 Terminating Court Commitments

Court commitments are terminated through court order when:

- Parents/prior custodians, relatives, or the agency petition the court requesting termination and the court transfers custody;
- A child, 18 to 21 years of age or older, committed as abused and neglected or in need of services, requests to be released (§16.1-285); or
- The court terminates custody at the time of a dispositional or other hearing. (§16.1-282)

#### 11.1.2 Termination of Non-Custodial Foster Care Agreements

- Non-custodial foster care agreements are terminated at the request of the parent/prior custodian or guardian.
- In every case in which a child is returned home from an out-of-home placement, a criminal background check and child abuse and neglect central registry check must be completed prior to the return of the child. The agency must evaluate the results of the background and registry checks to determine whether any criminal background or abuse/neglect history exists to preclude the safe return of the child.
- If the Court previously approved the non-custodial foster care agreement, termination of the agreement is not effective until the judge agrees to and documents the termination of the agreement.
- The agency may petition the court for custody should the agency disagree with the request for return of the child.

### 11.2 Discharging A Child From Care And Closing To OASIS

The foster care case must be closed in OASIS as soon as possible but no later than 30 days after, the child leaves care of the agency. Failure to enter this date within the specified period results in an Adoption and Foster Care Analysis and Reporting System (AFCARS) error. If the family is still receiving services from the agency, the worker will need to change the AFCARS case type from foster care to the appropriate case type.



### **11.3 Eligibility Referral At Closure**

The service worker must notify the eligibility worker immediately in writing that the child is no longer in care of the agency.

### **11.4 Maintenance/Service/Other Resource Payments at Closure**

All maintenance payments must be terminated by the service worker once the child leaves care. Service payments for services that will not continue after the child returns home must be terminated. If the child is receiving Social Security, SSI, or other benefits, the worker must inform the source of the benefits about the change in placement and provide the new address of the child.

### **11.5 Record Retention at Closure**

#### **11.5.1 Record Contents**

When the foster care paper case record is closed for services, the record must contain all court orders, assessments, service plans, administrative panel reviews, and a brief closure statement identifying when the case was closed, placement of the child, and child and family adjustment. Pertinent documents including, but not limited to, eligibility determinations, medicals, and educational and social history must also be retained. Personal items belonging to the child, such as report cards, drawings, pictures, should be given to the child.

When closing a case in OASIS, the final case contact should reflect the case disposition at case closure, a summary of services in place at termination, child and family adjustment, over-all case progress, and a summary of the final court hearing.

Workers should follow OASIS procedures for discharging a child from care and, when applicable, case closure. Closed cases in OASIS remain available as read-only documents and foster care reports may be printed if necessary. It is not necessary to print and store OASIS screens as paper documents in the case record.

#### **11.5.2 Length of Time Records Must be Retained after Closure**

For children in foster care who were never reunited with their families, records must be maintained indefinitely. The records can be transferred to microfilm in compliance with Sections 17VAC15-20-10, et. seq. of the Virginia Administrative Code, "Standards for Microfilming of Public Records for Archival Reasons."

For children in foster care who were reunited with their families, records must be retained for ten years after the youngest child reaches the age of majority. Subsequent destruction of these records will be done by shredding or pulping. "Deletion" of confidential or privacy protected information in computer files or other electronic storage media is not acceptable. Electronic records must be "wiped" clean or the storage media physically destroyed. (All policy and procedural information on the maintenance and destruction of records is found in the Library of Virginia's Records Management and Imaging Services Division, Records Retention and Disposition Scheduled, General Schedule No. 15 available at: [http://www.lva.lib.va.us/whatwedo/records/sched\\_local/index.htm](http://www.lva.lib.va.us/whatwedo/records/sched_local/index.htm)).

For a child who was adopted, please see Chapter C, Preserving Information.

#### 11.5.3 Access to Records after Closure (§63.2-104)

Any foster care youth who has reached age 18, has not been adopted, and has not had parental rights terminated shall have the right to request and receive information from his or her record, including information about parent(s) or relatives.

If a youth has not been adopted, has reached age 18, and has had parental rights terminated, he shall have access to his records, but not to identifying information pertaining to his biological family, except by order of circuit court.

### 11.6 **Emancipation Before Age 18 (§16.1-331)**

Youth who are at least age 16 may be legally emancipated prior to age 18 through a court hearing which finds that the youth is married, on active duty in the military, or is capable of self support and has the parent or guardian's consent.

### 11.7 **Services Post Foster Care**

Services should be provided to the child and family to prevent the need for the child to return to foster care. For a youth who needs continuing services after emancipation, the service worker should consider services through independent living and/or refer the youth to the appropriate adult services provider.

## 12. Funding/Purchasing

### 12.1 Paying For Maintenance

12.1.1 Source of Funding: Title IV-E or State Pool Funds for Non-Title IV-E children.

12.1.2 Age groupings and uniform monthly maintenance payment rates are, as follows:

Effective July 2005

Age of Child	Room and Board	Clothing	Personal care, Recreation, Reading	Monthly Allowance	Total Payment Rate
0 thru 4	<b>\$214</b>	<b>\$39</b>	<b>\$59</b>	<b>\$0</b>	<b>\$312</b>
5 thru 12	<b>\$244</b>	<b>\$50</b>	<b>\$64</b>	<b>\$7</b>	<b>\$365</b>
13 and over	<b>\$296</b>	<b>\$79</b>	<b>\$69</b>	<b>\$19</b>	<b>\$463</b>
Independent Living					\$644

- Local agencies are not permitted to increase the basic maintenance rates to foster parents. Specialized payments to regular foster parents, who are not part of a therapeutic program, are considered service payments.
- Duplicate payments for maintenance cannot be made. Payments to a foster home for room and board during an approved absence or for respite care are not considered duplicate payments.
- Prorating room and board for part of a month is based upon the actual number of days of care provided and the number of days in the month.
- Payments when a child is removed include the day the child was placed in the home, but not the day removed.
- Planned temporary absences from an approved placement for reason of hospitalization, education or training, a vacation or visit do not terminate eligibility for Title IV-E.
- Runaway Status: Title IV-E cannot be used to pay for maintenance for more than two days for a child on runaway status.
- A child may receive both SSI and Title IV-E, however, when both are received, the SSI benefit will be reduced dollar for dollar by the amount of the Title IV-E payment. For a Title IV-E eligible child in a regular foster home, the agency should discontinue the Title IV-E payment and accept the SSI payment only. In OASIS, under program category on the Funding Source Screen, the child would be Title IV-E, the Source of

Payment would be “Other Resource,” SSI for maintenance if the agency is receiving a SSI check, and it is the primary resource for maintenance.

- If a Title IV-E child is living in a residential facility where the maintenance cost significantly exceeds the SSI payment, the agency should pay maintenance costs with Title IV-E funds. If the child receives both Title IV-E and SSI, the agency must inform SSA when the Title IV-E payment changes. Payments from State Pool Funds do not reduce the SSI benefit.
- Payments to foster parents for children under the age of 19 are not considered income for federal or state tax purposes unless the foster parent is caring for more than 10 children.
- Eligibility for Title IV-E funding for children over 18 years. Youth over age 18 are not eligible for funding from Title IV-E unless enrolled in a secondary school (or in the equivalent level of vocational or technical training) and expecting to graduate from high school prior to reaching age 19. For youth remaining in foster care after age 19, state pool funds pay for maintenance.
- When an agency has accepted custody or placement of a child and places the child in a relative home, the agency approves the relative home as a foster family home and must pay the relative foster parents maintenance payments.
- When necessary, agencies may use the 30-day emergency approval process and waiver process to approve relative foster parents. However, Title IV-E payments cannot be made to a relative or other provider who does not fully meet standards. Thus Title IV-E cannot be used during the emergency approval or the waiver period. (See Title IV-E Eligibility Manual, 202.7 A.2).
- Relatives may elect to receive TANF instead of Title IV-E or CSA payment.
- The agency may use Title IV-E to pay for daily supervision when foster parents provide care to Title IV-E children placed in private non-profit child placing agencies, or in therapeutic foster care programs provided by public agencies. To be eligible for Title IV-E funding, children must have special needs and require additional care. The child's special needs and need for additional supervision must be documented in the record. These additional payments are made from State Pool Funds for non-Title IV-E children.

## **12.2 Paying For Children Supervised By Another Agency**

- Payment for the costs of maintenance and social services is the responsibility of the agency holding custody of the child or having accepted placement of the child.
- Certification of a child to a state mental health facility does not relieve the local board of custody. In this instance room and board and medical costs are the responsibility of the public facility. Costs of clothing and personal care items must be paid by the agency holding custody.

- The Department of Juvenile Justice (DJJ) is responsible for the maintenance and care of the child committed to its care. Payments cannot be made by the local agency for maintenance of the child at the DJJ facility.
- For children placed in out-of-state foster homes:
  - Payment for non-Title IV-E eligible children is from State Pool Funds at the rate set by the other state.
  - Payment from Title IV-E is at the standard rate for Virginia. Where this rate is not acceptable to the other state, payment of Virginia's maintenance rate is from Title IV-E funds, with the balance paid from State Pool Funds as a specialized payment.
- The foster homes must meet standards for care set by the other state.

### **12.3 Using Funds From Special Welfare Accounts**

- Accumulated funds in a special welfare account may be used to meet the current and future needs of the child. (§63.2-320). These funds are to be used to reimburse expenditures on behalf of the child for maintenance, medical expenses not covered by Medicaid, and services.
- Funds in excess of those used to reimburse expenditures for the child are to be used for savings for the child or for the personal needs of the child. The worker, in consultation with the parents and foster parents, is responsible for identifying how these excess funds are to be used.
- The use of funds from an initial lump sum SSI payment is restricted to such things as medical expenses above and beyond those covered by Medicaid; and certain educational expenses. Lump sum payments are not to be used for everyday expenses or to reimburse prior maintenance or service expenditures. Local departments of social services will be held liable for the misuse of these funds. Workers should contact the local Social Security Administration (SSA) office prior to using these funds to ensure they are intended for expenditure in accordance with SSA policy.
- When a child leaves foster care, funds in the Special Welfare Account are to go with the child and given to the parent(s), relative, or guardian responsible for the child or given to the child if the child has reached age 18 and does not have a legal guardian.

- For Title IV-E eligible children, the resource maximum for Title IV-E has increased to \$10,000. Children in foster care may accumulate combined resource/funds to a maximum of \$10,000 before becoming ineligible for Title IV-E.
- For non-Title IV-E children, the limit has not changed. If funds accumulate in excess of \$2,000 in an account, the child may become ineligible for SSI and non-Title IV-E Medicaid.
- If an agency cannot maintain a child's Special Welfare Account below the resource level, it can establish an irrevocable trust account. This irrevocable trust account will allow resources to accumulate over the resource level, while not making the child ineligible for future benefits.

Local agencies should consult with an attorney to ensure these accounts are set up properly. The trust fund must have a maturity date restricted to a birth date or date of custody transfer from the agency. Under no circumstances can the child or agency have access to the trust funds prior to the maturity date.

The size of the trust fund may affect the child's eligibility for Medicaid and SSI. The worker should consult with eligibility staff when establishing a trust fund regarding the amount of funds in the trust.

#### **12.4 Paying Maintenance For The Minor Child Of A Foster Child**

- The minor child of a foster child who remains in a foster home or residential facility with his or her parent or comes to live in a foster home or residential facility with his or her parent and remains in the custody of the parent shall be eligible to receive a foster care maintenance payment and shall not be eligible for TANF. The maintenance payment will be added to the foster child's foster care payment. The foster care provider will receive a maintenance payment for the child in the amount appropriate for the age of the child and from the same source as the parent of the child; i.e. Title IV-E or State Pool Funds. If the foster child resides in a residential facility with her minor child, the rate paid will be the rate negotiated with the facility for maintenance for the minor child. If the foster child lives in an independent living arrangement, the minor child may be eligible for TANF. (See Section 13.4)
- If the minor child of a foster child has his/her own resources; i.e. SSI, SSA, or child support, these resources shall be used toward the maintenance cost.
- If the agency finds it necessary to secure custody of a child of a foster child, the child of the foster child may be eligible for Title IV-E or State Pool Funds. Eligibility for the child of the foster child is determined in the same manner as are all other foster care cases.

## **12.5 Paying For Independent Living Arrangements**

- The standard statewide payment is a maximum of \$644.00 per month.
- Payment cannot be made from Title IV-E, but is made from State Pool Funds.
- Payments may be made directly to the youth and may be made more often than once a month, provided the maximum is not exceeded. The method of payment must be in the agreement with the youth.

### **12.5.1 The payment covers costs of:**

- Shelter (rent, household equipment, utilities)
- Food
- Clothing
- Personal care
- Recreation
- Reading and insurance, and
- Transportation

## **12.6 Paying A Supplemental Clothing Allowance**

This allowance cannot exceed \$300 per fiscal year, per child and is paid from Title IV-E or State Pool Funds. The child of a foster child is entitled to receive a supplemental clothing allotment as part of the maintenance payment.

The allowance is to be used to pay for clothing at the time of placement, at change in placement or if it is lost, destroyed or outgrown.

## **12.7 Paying For Services: State Pool Funds**

### **12.7.1 Services that may be purchased**

Any appropriate service must be made available to a foster child when that service is documented as needed in the Foster Care Service Plan or the Individual Family Service Plan (IFSP) developed by the Family Assessment and Planning Team (FAPT). Rehabilitative, restorative and supportive services shall also be provided as needed to parents/prior custodians and foster parents on behalf of the child. Services to be provided may include, but are not limited to, specialized foster care, respite care, transportation for the parent(s)/prior custodian, social recreational activities, counseling, in-home services, etc.

### 12.7.2 Mandated Eligible Groups for Funding for Services from State Pool Funds

Any child placed through a non-custodial foster care agreement, committed or entrusted to local boards of social services or for whom a local agency is given responsibility for aftercare supervision, and his family, are eligible for state pool funds. This includes:

- Maintenance and services for a child placed outside of his or her own home.
- Services for a child living in his or her own home (pre and post placement) in custody of the local board.
- Services for a child receiving services to prevent foster care placement (§2.2-5211).

### 12.7.3 Uniform Assessment Required for CSA Funding

All children receiving CSA services will need to have an assessment. For children ages 7 and above, the child and adolescent functional assessment scale (CAFAS) will be used to assess the child. For children ages 4-7, the preschool and early childhood assessment (PECFAS) will be used to assess the child. The requirement for a uniform assessment does not apply to Title IV-E children who do not receive services from CSA (§2.2-5209).

### 12.7.4 What is Needed to Purchase Any Service

Before a service or service component can be purchased or paid through the State Pool Fund, it must:

- Be included in the child's Foster Care Service Plan or Individual Family Service Plan (IFSP). The plan should specify the length of time needed for the provision of services, which shall be based on what is reasonable to meet the child's needs.
- Be authorized based on the local procedures established by the Community Policy and Management Team (CPMT).
- Be provided by a provider listed in the CSA Service Fee Directory or exempt. Exempt from the requirement for listing in the CSA Service Fee Directory are individuals not associated with an entity who provide services, individually approved foster homes, purchase of goods, and non-specialized services such as baby-sitting, transportation, and lessons. Non-specialized services such as day care providers, general medical, dental, or legal providers do not need to be listed in the CSA Service Directory if they are providing a generic (non-specialized) service to the child.



- For services listed in the CSA Service Fee Directory, the rates must be negotiated between the provider and purchaser using the rate listed in the CSA Service Fee Directory, as the maximum rate the provider will charge.
- For services exempted from listing in the CSA Service Fee Directory, rates will be based on the normal cost for services in the community.

#### 12.7.5 Purchase of Services from Foster Parents

##### 12.7.5.1 Specialized Foster Family Services

These are services provided by foster parents to meet the special needs of a child. They are distinct from basic maintenance and supervision of the child.

The provider(s) shall be qualified through training or experience to provide the special services required. Foster family standards must be met.

The child's record must document the special physical, mental or emotional problems of the child, which require the need for service.

The local social services agency establishes rates of payment for services provided in local agency approved homes. NOTE: Specialized payments for foster care children under 19 are not reported as income for tax purposes by foster parents until there are more than 10 children in one home. Payments for the first 10 are exempt.

Where services are being purchased from a licensed child placing agency, rates are negotiated between the provider and purchaser based upon Community Policy and Management Team procedures.

##### 12.7.5.2 Expenses Paid by Foster Parents on Behalf of the Child

The procedures required to reimburse foster parents for expenses paid by them on behalf of the foster child are:

- The services must be pre-authorized.
- Services purchased on behalf of the child may include, but are not limited to, transportation, exclusive of that required for medical care under Title XIX, school fees and purchases from commercial establishments.

**12.7.5.3 Purchasing Foster Home Recruitment, Study, Approval and Placement from State Pool Funds.**

Recruitment, screening, study and development of foster family homes may be purchased from licensed child placing and other agencies. Purchase must be on behalf of a specific child.

Placement services, including study and approval of foster homes may be purchased from licensed child-placing agencies for a specific child.

**12.7.5.4 Reimbursing Foster Parents Who Attend Conferences Using Service Administrative Funds.**

Any foster parent(s) designated as representative(s) of an agency may attend foster care conferences and foster parent conferences. Limited expenses for travel and per diem may be reimbursed through Title IV-E training funds. The matching funds must be provided from local, donated or the foster parents' own monies.

**12.8 Purchasing Regular Education Services**

Children in foster care are considered to be indigent and eligible for free textbooks and workbooks. (§ 22.1-251). Other educational services needed by the child and not provided by local school divisions may be purchased using State Pool Funds. Some educational services may be purchased from independent living funds for youth ages 16 and over.

**12.8.1 When Regular Education Services May be Purchased**

- To achieve an educational goal
- They are not the responsibility of State and/or local education agencies
- Services are not available without cost
- Charges for services are the same to all residents regardless of income

**12.8.2 Educational Services that May be Purchased**

- Normal school expenses such as school trips, summer school, gym suits, fees for labs, art classes, etc., and school supplies
- Tutoring
- Training for employment if no other resource exists

- Tuition and fees, school supplies, textbooks required for college degree or vocational education
- Tuition and fees, etc., for placement in a private school for the child who is not eligible for special education. In this instance, the child's case record must document that:
  - All other resources to meet the child's specific need have been explored; and
  - These resources have been determined to be inadequate to meet the child's needs.

### 12.8.3 Other School Related Expenditures

Expenses related to school activities that are not necessary to meet an educational goal such as class rings, club dues, and prom fees may be purchased from State Pool Funds based on local Community Policy and Management Team procedures. If not approved, other funding sources such as Independent Living, local only, or private donations may be used.

## 12.9 **Paying For Special Educational Services**

### 12.9.1 Local School Responsibility

Local school divisions are responsible for paying for special education services identified on the child's Individual Education Program (IEP) when the child is placed within the school system or regional special education program.

When a child is placed in another jurisdiction, the receiving local school division should seek reimbursement for education costs from the Virginia Department of Education for any children receiving foster care services. (§22.1-101 and 22.1-215)

### 12.9.2 Length of Time Child is Eligible for Special Education Services

A child is eligible for special education services until: a) he/she is found to be no longer eligible by an eligibility team; b) graduates with a regular or advanced diploma; or c) reaches age 22 by September 30 of the year. The local school division where the local social services agency is that has custody of the child is responsible for the child's special education services. In the event that a child is placed in foster care in a different jurisdiction and the child can be educated in the public school or a regional program that includes that jurisdiction, the school division where the child is placed is responsible for the child's education.

### 12.9.3 Use of State Pool Funds for Special Education Services

- State Pool Funds are to be used to purchase special education and related services for a child placed in a residential facility approved for special education or private special education day school in accordance with the child's IEP. In addition, Appendix B of the CSA Manual (available at <http://www.csa.state.va.us/html/pdf/Manual/APPENDIXB.pdf>) specifies how Pool funds may be used to keep a child in a less restrictive special education environment, when the FAPT makes such a determination and includes it on the IFSP. Related services include such services as developmental day programs, infant/child stimulation, training to maximize independence and sheltered workshops. Procedures to access State Pool Funds for these placements will be based upon CPMT policies. Maintenance for Title IV-E eligible children would be paid from Title IV-E funds and from State Pool Funds for non-Title IV-E children.
- If a child is placed in a facility for special education and is subsequently determined ineligible for special education, removal of the child from the facility or continued funding of services for that child in the facility will be based on local CPMT procedures. The local agency, in coordination with the FAPT, is responsible for ensuring that an appropriate placement is provided for the child.
- State Pool Funds may pay for special education services when it is determined that a child has additional special education needs not included on the IEP (see Appendix B of the CSA Manual).

### 12.9.4 Cross Jurisdictional Placements

The cost of purchasing special education and related services, where applicable, for children in cross-jurisdictional placements will be covered by the placing agency's school division through the policies of the CPMT. This also applies to children in permanent foster care placements or adoptive placements prior to the final order.

## 12.10 **Paying For Care In A Residential Facility**

- The cost of maintenance for a child placed in a residential facility is paid from Title IV-E or State Pool Funds for non-Title IV-E children.
- Title IV-E cannot be used to pay the cost of maintenance of a child in a public facility licensed for more than 25 children. State Pool Funds must be used.

- Services provided in a residential facility will be paid from State Pool Funds. Residential services that can be purchased include services provided to every resident and specialized services provided to meet a child's individual needs.
- Rates for maintenance and services shall be the rate negotiated between the provider and purchaser. The purchaser must negotiate a rate that specifies the amount to be paid for maintenance.
- The facility must be listed in the CSA Service Fee Directory. The facility will list the maximum rate it will charge in the Directory. Lower rates may be negotiated.

#### 12.10.1 Absence from a Residential Facility

- Title IV-E prohibits paying for unscheduled absences and the costs of these absences should not be incorporated into the rate negotiated with the residential facility. Unscheduled absences include running away (for more than 2 days), emergency hospitalization, and other unanticipated absences.
- Title IV-E will pay for scheduled absences, which are, planned absences that include home visits, vacations, planned hospitalizations, and special reintegration services to return a child to his/her own community. The purpose of reintegration is to return the child to his/her family or to a foster home in the child's own community. The cost of scheduled absences can be incorporated into the rates negotiated between the purchaser and provider.

#### 12.10.2 Paying for Incidentals

- If the room and board rate negotiated does not include incidentals such as clothing, personal care items, recreation, and allowance, the amount for these items is paid monthly to the facility on behalf of the child according to the established rates for clothing and personal care items (See Section 12.1); or
- The agency may authorize and reimburse the facility according to "as charged" bills. When this option is selected, the agency must pre-authorize the personal care items and predetermine the funding sources for these items.

### 12.11 **Purchasing Emergency Shelter Services**

Emergency Shelter service is the temporary housing and supervision of a child to prevent abuse, neglect or exploitation. The service is provided in foster family homes and residential facilities approved for emergency shelter. Payments may be made for reserve space under the following conditions:

- Payment may be made until a more permanent arrangement can be made.

- Rates are negotiated by the local agency for approved emergency foster family homes. There must be an agreement specifying that the home is approved for emergency shelter and the rate of payment.
- Payment for the child in custody of the local board is from Title IV-E or State Pool Funds, not protective services. A child removed from foster care placement because of abuse/neglect and placed in emergency shelter remains a foster care case.
- Rates are negotiated between the provider and purchaser based upon Community Policy and Management Team (CPMT) procedures for residential care.
- The locality, based on CPMT guidelines, may negotiate a fee to reserve space in an approved emergency shelter foster family home or facility and pay those fees out of State Pool Funds.

## **12.12 Funding for Medical Services**

Medical services and equipment which may be provided include but are not limited to: clinic and physician's services, including physical/psychiatric examinations and treatment; pharmaceutical services; hospitalization; home health care; medical supplies and equipment; prosthetic devices, eyeglasses, hearing aides; optometry/optical services; dental examinations and treatment (including orthodontic), hearing, speech therapy and other therapeutic rehabilitative care.

### **12.12.1 Medicaid eligibility**

Children in foster care placement will be eligible for Medicaid unless they are not considered Virginia residents, or they have income or other financial resources that make them ineligible for Medicaid. Medicaid providers should be used whenever possible.

### **12.12.2 Medicaid out-of-state**

If a Title IV-E child is placed out-of-state, information certifying the child's Title IV-E status must be sent to the Interstate Placement Unit in Central Office so that it may be sent to the receiving state. Title IV-E foster children and children receiving Title IV-E adoption subsidy are eligible for Medicaid coverage in the state where they reside.

Non-Title IV-E children placed out of state will be eligible for Virginia Medicaid; however, providers in other states often do not accept Virginia's Medicaid coverage, and the agency will have to pay for medical expenses out of State Pool Funds.

### 12.12.3 Extension of Medicaid for children in adoptive placement

Medical coverage is extended during the adoptive placement until the final order of adoption for children who continue to meet the foster care covered group for Medicaid purposes.

Medical coverage is extended past the final order if:

- The child is Title IV-E eligible with a subsidized adoption assistance agreement in effect, regardless of the existence of an interlocutory order or final judicial decree; or
- The adoptive family meets the financial requirements of Medicaid; or
- The child is not Title IV-E eligible, but has special medical needs and there is an adoption assistance agreement in effect.

### 12.12.4 Other Sources for Funding Medical Care

For the Medicaid eligible child, Medicaid must be used to pay for medical needs including transportation to the Medicaid provider. Other funding can only be used to pay for medical needs not covered under Medicaid, or medical services provided by vendors or in facilities not covered by Medicaid.

Resources for costs of medical care not covered by Medicaid include:

- Child's own income or resources including parents' insurance
- State Pool funds
- FAMIS
- State/local hospitalization
- General relief

## 12.13 **Purchasing Transportation Services**

Transportation may be provided from State Pool Funds or Medicaid (Title XIX), or Title IV-E funds as follows:

### 12.13.1 Using Medicaid to purchase transportation

Transportation to obtain medical services for the child may be provided under the Medicaid Registered Drivers Program as follows:

Foster parents and agency workers may enroll as a Registered Driver through the local health department. They will be reimbursed for transporting the child to and from a medical service. There is no additional reimbursement for tolls,

waiting time, or parking. Foster parents who do not own cars may find friends, neighbors, or family members to be paid as registered drivers for transporting children to medical appointments. The following forms must be completed and submitted to the local health department:

- Medical Driver Registration Form - enables the driver to receive a provider number, which is necessary for reimbursement. This form must be signed by the driver and an agency representative.
- Transportation Services, Special Service Invoice, Virginia, Medical Assistance Program Form (MAP-7) - must be completed by the driver after transportation has been provided. This form must be submitted to the local health department within 30 days.
- Taxi service may be pre-authorized for a child if the foster parents' car is inoperable or unavailable. The Transportation Pre-authorization Form must be completed. It states that efforts will be made to locate a less expensive means of transportation prior to requesting taxi service. This form must be signed by an agency representative and re-submitted every six months.

#### 12.13.2 Using Title IV-E Funds for Transportation

Title IV-E funds may be used to pay for transportation costs for Title IV-E eligible children when transportation is provided for the purposes of transporting the child to visitation, either with parents or siblings. It cannot be used for parents to travel to visit children.

#### 12.13.3 Using State Pool Funds to Purchase Transportation

Transportation may be purchased from State Pool Funds when it is not otherwise available without cost and is not for purposes of obtaining medical services covered under Medicaid (Title XIX). Payment may be made to specific providers as follows:

- Foster parents and employees of residential facilities using their own cars are paid at the State mileage rate for actual miles driven. Individual providers must have a valid driver's license and automobile insurance.
- Public conveyors are paid at the established rate charged to any individual. Public conveyors must be licensed under §56-273 of the *Code of Virginia* or the appropriate licensing requirements of other states.
- Friends, relatives, neighbors of the child or foster parent, are paid at the State mileage rate. They must have a valid driver's license and automobile insurance.



## **12.14 Purchasing Day Care Services**

### **12.14.1 Funding sources**

Title IV-E: Child day care services for foster children may be purchased in a licensed day care facility or home, using Title IV-E for Title IV-E eligible children when the foster parent works or must attend judicial or administrative reviews or approved training.

State Pool Funds are used to (1) provide child care for non-Title IV-E children, and (2) pay for Title IV-E children who require child day care for reasons other than the foster parents' working, attending judicial reviews, training or receive day care from a provider not required to be licensed/approved. These funds are used except in those situations where the foster parent is otherwise eligible for one of the child day care funding sources.

### **12.14.2 Rates for day care**

Localities shall use the market rates established in accordance with federal regulatory requirements for day care for foster children. Payment in excess of the market rate will be from local only funds. For special needs children, 100% of the cost of care may be paid and reimbursed, even if this exceeds the established market rate.

### **12.14.3 Regulation of day care providers**

Child day care provided to foster children when the foster parents work or for developmental or educational reasons must be provided by providers who are federally approved, state licensed, city approved, county approved, local agency approved, or have met the requirements of the Voluntary Small Family Child Care Home Registration Program. Title IV-E shall not be used to pay for unregulated providers.

## **12.15 Paying for Independent Living Program Services**

Independent Living Program Services are paid from the agency's allocation of the Chafee Foster Care Independence Program funds. The agency must have an approved Independent Living Program Plan before funds may be expended. Independent Living Program funds shall not be used to pay for maintenance.

### **12.15.1 Education and Training Vouchers (ETV) program**

The Education and Training Vouchers (ETV) Program provides federal funding to help foster youth with expenses associated with college and vocational training programs. Statutory changes to the Chafee Foster Care Independence Program (CFCIP) provide additional resources to

make available vouchers of up to \$5,000 per year per eligible youth for post-secondary education and training.

In order to be eligible for funding from the ETV Program, youth must:

- Have been in foster care with the state of Virginia at age 16 and must have had their most recent foster care provided by the state of Virginia. Adopted youth may be eligible if the adoption from foster care welfare system occurred after the youth turned 16 years old;
- Have received their high school diploma or certificate of completion, or general education development (GED);
- Have initiated their post-secondary education or training by age 18 and continue to receive foster care services/Chafee funding;
- Apply for financial aid through the school or training program they wish to attend or participate in;
- Meet the satisfactory academic standards of the college for federal student financial aid program;
- Be enrolled as a student working toward a degree or certificate in an accredited program; and
- Make satisfactory academic progress by maintaining at least a cumulative grade point average of 2.0 on a 4.0 scale or have an academic standing consistent with the institution's graduation requirements.

ETV Funds may be used for the following expenses:

- Tuition and fees
- Room and board
- Rental or purchase of required educational equipment, materials, or supplies (including a computer)
- Allowance for books, supplies, transportation
- Required residential training related to an educational or vocational program
- Special study projects
- Child care
- Other related expenses

ETV funding should be expended for education and training specific expenses prior to using the Independent Living (IL) Basic Allocation and only for those eligible youth engaged in post-secondary education or training.

## 13. OTHER REQUIREMENTS

### 13.1 Confidentiality Of Records

The records of children in foster care are confidential and information about children in foster care or their parents or relatives is confidential. (§63.2-104) The agency may disclose information:

- Upon order of the court; for instance, to the Guardian ad Litem and the Court Appointed Special Advocate (CASA) who are appointed to a child as the result of a court order; or
- When the agency determines that the person has a legitimate interest in the child and it is in the best interests of the child to release the information.

### 13.2 Travel of Foster Children

#### 13.2.1 Out-of-country travel

Approval for such travel is the option of the local department.

- The director of the local agency must give written approval for a child going out of the country.
- The agency should obtain written approval from the parent(s) or guardians if whereabouts are known and parental rights have not been terminated.
- The sponsor of the out-of-country trip (residential facility, school, foster parent) must provide the local agency with the itinerary and telephone numbers where the child and/or sponsor can be contacted.
- Proper passports, visas or other requirements for traveling out of the country must be obtained.
- Written assurances must be obtained that the sponsor will provide for the health, safety and legal needs of the child during the trip.
- The agency should provide the sponsor with authorization to obtain medical care.

### 13.2.2 Requirement for approved child restraint devices

13.2.2.1 Children age five and under, transported in a car by agency staff, foster care providers, or any adult transporting a child, must be secured in a child restraint device of a type approved by the United States Department of Transportation. (sec. 46.2-1095)

13.2.2.2 Exceptions for certain children who may be exempted from the requirements for an approved restraint device in the following situations:

- If a physician states that use of a child restraint device would be impractical because of the child's weight, or for medical reasons. The driver must carry a statement signed by the physician giving the child's name and the grounds for exemption.
- A seat belt which is standard equipment in new automobiles may be used for children at least three years of age when the child's weight makes the use of a seat belt practical and an approved restraint device impractical.

#### 13.2.2.3 Penalties

There is a civil penalty of fifty dollars for violation of the requirements of this law except when the violation is failure to carry a physician's statement for which the penalty is twenty dollars.

#### 13.2.2.4 How to Pay for Restraint Devices

Child restraint devices for agency use may be purchased from administrative funds. Payment for devices to be used by foster parents may be purchased from State Pool Funds in the name of the child for whom the device is being purchased.

Foster parents are eligible to apply for free child safety seats through the Department of Motor Vehicles.

## 13.3 **Child Protective Services Reporting**

### 13.3.1 Responsibility to Report

Any person employed as a social worker who suspects a child has been abused or neglected in foster care placement must report the matter immediately to the local agency holding custody or the agency in the locality where the child is placed or the Child Protective Services hotline at 800-552-7096. (§63.2-1509)

### 13.3.2 Investigating the CPS Report

A protective service worker in the locality where the child resides shall be responsible for conducting the investigation. The foster care worker should cooperate with the CPS investigation and be kept informed and involved in any decision to remove the child. The local agency holding custody or having placed the child, if different than the agency of the child's residence, must be notified of the report of abuse/neglect.

## 13.4 **The Minor Child of a Foster Child**

- The maintenance payment for a minor child of a foster child who lives with his or her parent and is in custody of the parent must be added to the foster care payment made for the minor child's parent and paid to the foster care provider. The minor child of a foster child living with his or her parent in a foster home or residential placement is not eligible for TANF. The foster care provider is responsible for providing room and board and ensuring that the payment is used to meet the child's needs. (Refer to Section 12.4 for payment information.)
- The minor child of a foster child remains the responsibility of his or her parent, unless custody has been removed.
- The minor child shall be listed in OASIS with the foster child (parent).
- The minor child is not subject to requirements for plans, reviews, or hearings. However, the needs and safety of the minor child should be considered and documented when developing the service plan for the (foster child) parent.
- The minor child is eligible for Medicaid, services, and child support services.

## 13.5 **Procedures and Responsibilities for Children in Custody of the Department of Juvenile Justice (DJJ)**

The purpose of this section is to identify procedures for local social services agencies in order to provide services for foster care children committed to the Department of Juvenile Justice (DJJ). These procedures will require coordination and cooperation between staff of DJJ and local social agency staff. These procedures chronologically outline the responsibilities of a local social services agency once a foster care child is committed to the Department of Juvenile Justice. These procedures are in compliance with §16.1-291, 293 and 294.

### 13.5.1 Youth Committed to the Department of Juvenile Justice

At the time a child in custody of a local agency is committed to DJJ, the committing court determines whether the court service unit or the local social services agency must maintain contact with the youth during commitment. In

rare instances, the local agency may be ordered to maintain contact with a child previously unknown to the agency.

Maintaining contact is necessary to begin aftercare planning to return the child to the community upon completion of his/her minimum stay in the direct care of the Department of Juvenile Justice. Contact with the child must include:

- Participation in Reception and Diagnostic Center staffing;
- Participation in Juvenile Correctional Center Treatment Team meeting and subsequent development of Comprehensive Service Plan; and
- Visits, as often as needed, but at least once every three months with DJJ and the youth in order to plan and carry out services to return the child to the community and/or provide services to the family so that the plan for the child can be achieved.

When a youth is committed to DJJ, the worker must exit the child from the current placement in OASIS. The legal custody status and funding screens must also be completed to reflect appropriate changes in OASIS. There are instructions in OASIS Help Section under "Committed to Corrections" for the next steps. Payments for the cost of maintenance for the youth and purchased services are not made.

#### 13.5.2 Youth Admitted to Reception and Diagnostic Centers

The court may place a youth committed to DJJ in a local detention facility until he/she is transferred to the Reception and Diagnostic Center (R&DC).

Within five working days of youth's arrival at the R&DC, the R&DC counselor will mail a letter to the child's family and local agency stating:

- The date of the R&DC staffing; and
- The need for local agency input to the staffing.

Responsibilities of the service worker to provide input to the R&DC staffing team:

- Notify the R&DC counselor prior to the staffing date that the service worker is planning to attend the R&DC staffing; or send a letter to the R&DC counselor prior to the staffing.
- In providing input regarding the youth's treatment needs/problems, the service worker needs to state these needs/ problems in measurable, behavioral terms. At least three of the needs/problems identified are to be targeted as priorities.

### 13.5.3 Youth Transferred to Juvenile Correctional Centers

#### 13.5.3.1 Planning for Staffing at a Juvenile Correctional Center

The staffing at the R&DC will result in a decision to transfer the youth to a Juvenile Correctional Center operated by the Department of Juvenile Justice. Within five working days of the youth's transfer to the Center Juvenile Correctional Center, the Juvenile Correctional Center Counselor will contact the LDSS worker in order to arrange a meeting with the youth, the treatment team, and the LDSS worker. This meeting is to take place no later than 30 days from the date of the youth's transfer to the Juvenile Correctional Center.

The service worker is responsible for attending the meeting at the Juvenile Correctional Center to provide additional input regarding the youth's needs and to discuss the aftercare plan for the youth.

#### 13.5.3.2 Agenda for Juvenile Correctional Center Meeting

The Juvenile Correctional Center counselor will conduct the meeting. The agenda for the meeting should include:

- A review and discussion of the Evaluation and Services Recommendation packet from R&DC;
- Presentation and discussion of the aftercare plan recommended by the service worker.

#### 13.5.3.3 Preparing a Draft Aftercare Plan

The worker should prepare a draft aftercare plan in outline form prior to this meeting. The aftercare plan may include, but is not limited to:

- An outline of where/with whom the youth will reside upon release from direct care or the action plan to develop a placement; and
- The identification of services needed by the youth and guardian/provider upon youth's return to community. The worker will outline steps to be taken while the youth is in the Juvenile Correctional Center
- To assure that services are/will be coordinated and delivered in a timely manner. The aftercare placement shall maximize the youth's chances for successful reintegration into the community.

- Development of a Comprehensive Services Plan which will provide a continuum of services from the date of transfer to the Juvenile Correctional Center through the date of release from aftercare supervision. The plan shall:
  - Outline and prioritize the treatment/service needs which will be addressed during the youth's stay in the Juvenile Correctional Center
  - Outline the treatment/service needs which must be addressed once the youth returns to the community;
  - State where/with whom, the youth will reside upon release from direct care, or outline an action plan to develop a placement;
  - Outline steps to be taken with the aftercare placement while the youth is in the Juvenile Correctional Center to assure that the placement maximized the youth's chances for a successful reintegration to the community; and
  - Outline strategies and time frames to meet the objectives developed.
- The plan shall be signed by the service worker, along with the treatment team members and Juvenile Correctional Center Counselor.
- If the service worker has reservations about the Comprehensive Service Plan which cannot be resolved on-site, the worker should not sign the plan (See "Resolution of Issues", section). Upon leaving the meeting, the service worker shall obtain a copy of the Comprehensive Service Plan, signed or unsigned, for the child's case record.
- A copy of the signed typed Comprehensive Service Plan will be mailed to service worker within five working days of signature.
- Proposed changes in the Comprehensive Service Plan must be approved by the local department of social services and the Juvenile Correctional Center
- Institutional Review Committee. Documentation indicating agreement must be obtained by the Juvenile Correctional Center
- Counselor and copy sent to the local social service worker.

#### 13.5.4 When Planned Aftercare Placement is Not Available

- If, at any point during the youth's commitment, it becomes apparent that the proposed aftercare placement will not be available, the social service worker will notify the Juvenile Correctional Center counselor by letter within five working days of learning that the placement is not available.



- Notification should discuss placement alternatives previously explored. Information should include actual placements or programs considered, whether child was accepted/denied for placement/program, and the reason child was not accepted or resource not to be utilized. An action plan to locate placement shall also be discussed.
- The Aftercare Specialist is available to assist local social service workers in locating an aftercare placement.
- Upon receipt of written notification by the local agency, the Juvenile Correctional Center counselor shall prepare information for Department of Youth and Family Services files.

#### 13.5.5 Resolution of Issues

- On occasion, disagreement may arise between the parties responsible for providing services to youth. Issues that may lead to disagreement include, but are not limited to:
  - Recipient of plans, document, etc.;
  - Appropriateness of services, treatment, aftercare plans; and
  - Lack of involvement by responsible parties, etc.
- Disputes are to be resolved at the lowest level possible with workers attempting to resolve issues with their counterparts at DJJ initially.
- Documentation of each step in the procedure, in the form of memoranda, case narrative, and correspondence is to be maintained by all involved persons and entered in the child's case record. Each issue will be resolved, via the administrative chain of authority, within 15 working days from the date of initiation.

#### 13.5.6 Post-release Supervision

Post-release supervision is the period that begins after a youth who has been committed to the Department of Juvenile Justice returns to a local community for supervision.

Post-release supervision or parole supervision of a youth is the responsibility of DJJ and not that of the local department of social services.

Except in exceptional cases, the court shall designate the local department to maintain contact with the youth during commitment only when the youth was in the custody of the local department

immediately before his commitment. The Department of Juvenile Justice shall return a youth to the previously designated local supervising agency and shall consult with the local supervising agency four weeks prior to such release on parole supervision concerning return of the youth to the local agency.

In the event that the youth was in the custody of the local department of social services immediately prior to his commitment to the Department of Juvenile Justice and has not attained the age of 18 years, the local department of social services must resume custody upon the youth's release, unless an alternative arrangement for the custody has been made and communicated in writing to Department of Juvenile Justice.

13.5.6.1 Children Returned to the Community and Placed in an Out-of-Home Placement

- The case is opened in OASIS to foster care.
- The children are eligible for foster care maintenance and services. These cases are subject to requirements governing service plans, supervisory or panel reviews and dispositional hearings.
- Title IV-E eligibility must be re-determined so, if the child was Title IV-E eligible before commitment to DJJ, the foster care worker must refer the case to eligibility.

13.5.6.2 OASIS Requirements

The day the child returns to a local community or is placed outside of the child's own home is the day used to change the placement of the case in OASIS. Services to the child's family may be purchased through foster care.

13.5.7 Submission of the Foster Care Service Plan to Court

The local agency shall submit a service plan on the child to the court within 60 days of the child's return to the community and placement outside of the child's own home.

The local agency may attach the Comprehensive Service Plan to the Foster Care Service Plan.

## APPENDIX A

### Listing of Forms

The following forms can be accessed at <http://www.dss.virginia.gov/form/>

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#### FOSTER CARE

- ~~Certification~~ of eligibility of Title IV-E Foster Care/Adoption
- Family Foster Care Placement Agreement
- Non-custodial Foster Care Agreement (sample)
- Permanent Entrustment Agreement
- Permanent Foster Care Agreement (sample)
- Administrative Panel Review Parent Invitation Letter (sample)
- Administrative Panel Review Professional Invitation Letter (sample)

#### CHILD SUPPORT ENFORCEMENT

- ~~Interim Application for Child Support~~ Services
- Good Cause Determination Form
- Absent Parent Deprivation/Paternity Information Form
- Application for Location Information Form (FPLS)

The following forms can be accessed at  
<http://www.dss.virginia.gov/form/>

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#### INTERSTATE COMPACT ON THE PLACEMENT OF CHILDREN

- 601
- 602
- 603

#### AREVA

Refer to Vol. VII, Section III, Chapter C, Section 7 for information about AREVA and registering children in AREVA. AREVA forms are in OASIS.

## APPENDIX B

**AFCARS Required Data Elements**

The following foster care data elements in OASIS are mandated for all children in foster care. The state could face federal penalties if information is not current and accurate.

<b>AFCARS FC ELEMENT</b>	<b>AFCARS ELEMENT NUMBER</b>	<b>AFCARS VALUE</b>	<b>NAVIGATION PATH OASIS SCREEN LOCATION</b>
State	1		Coded By Report
Report End Date	2		Coded By Report
Local FIPS Code	3		Coded By Report
Record Number	4		System Generated
Date of Last Hearing/Review	5	MMDDCCYY00/00/0000 One of the following types of AFCARS hearings/reviews must be entered every 6 months: Court Review, Administrative Panel Review, Permanency Planning 75 Day Disposition, Supervisory Review or Termination	Court\FC\Adp\CI Crt Info\Hearing/Review\Detail
Child's Birth Date	6	MMDDCCYY00/00/0000	Client\General Information
Child's Sex	7	Female Male Unknown	Client\General Information
Child's Race	8	American Indian/Alaskan Native Asian Black/African American Native Hawaiian/ Other Pacific Islander White Multi-Race Unable to Determine	Client\General Information
Child's Hispanic Origin	9	Yes No Unable To Determine	Client\General Information
Diagnosed Disability – Has The Child Been Clinically Diagnosed?	10	Determined by selection of AFCARS recognized disabilities	Client\Demo\Characteristics
<b>11 – 15 DISABILITY TYPES</b>			
Mental Retardation	11	Select All That Apply Disability type is determined by selection of disability from Physical\Medical and Behavioral\Psychological categories	Client\Demo\Characteristics
Visually/Hearing Impaired	12		
Physically Disabled	13		
Emotionally Disturbed	14		

Other Diagnosed Condition	15		
Child Ever Been Adopted	16	Yes No Unknown	Client\General Information
Age At Adoption For	17	Less Than 2 Yrs. Old2 – 5	Client\General Information
Date Of First Removal From Home	18	MMDDCCYY00/00/0000	Cust. Status\Phys
Total Number Of Removals	19	System Determined By Number Of Removals	Cust. Status\Phys. Removal\Child's Physical Removal
Date Child Was Discharged From Last Foster Care Episode	20	MMDDCCYY00/00/0000	Placement\Place\Enter/Exit
Latest Removal Date	21	MMDDCCYY00/00/0000	Cust. Status\Phys. Removal\Child's Physical Removal
Removal Transaction Date	22	Worker Must Enter Latest Removal Date Within 60 Days Of Removal	System Generated
Date Of Placement In Current Foster Care Setting	23	MMDDCCYY00/00/0000	Placement\Place\Enter/Exit
Number Of Previous Placement Settings During This Removal Episode	24	System Determined By Count of Unique Resource ID Numbers	System Generated
Manner Of Removal From Home For Current Placement Episode	25	Court Ordered Emergency Removal Entrustment-Temporary Entrustment-Permanent Non-Custodial	Cust. Status\Phys. Removal\Child's Physical Removal
<b>26 – 40 CONDITIONS</b>			
Physical Abuse	26	Select Those That Apply	Cust. Status\Phys. Removal\Child's Physical Removal
Sexual Abuse	27		
Neglect	28		
Alcohol Abuse (Parent)	29		
Drug Abuse (Parent)	30		
Alcohol Abuse (Child)	31		
Drug Abuse (Child)	32		
Child Disability	33		
Child Behavior Problem	34		
Parent Death	35		
Parent Incarceration	36		
Caretaker Inability To Cope	37		
Abandonment	38		
Relinquishment	39		

Inadequate Housing	40		
Current Placement Setting (Type of Placement)	41	Non-Finalized Adoption, Emergency Shelter, Foster Home, CPA Permanent Foster Home, CPA Regular Foster Home, CPA Therapeutic Foster Home, Emergency Foster Home, Non-Relative Foster Home, Permanent Foster Home, Relative Foster Home, Group Home, Independent Living (On Their Own), IL\Supervised Program or Dormitory, Psychiatric Facility, Unapproved Relative Home, Residential Facility, Runaway, Other	Placement\Place\Enter/Exit
Out Of State Placement	42	County Requesting This Out Of State Resource	Resource\General Information
Most Recent Case Plan Goal	43	Return To Own Home Relative Foster Care Adoption Permanent Foster Care Independent Living Another Planned Permanent Living Arrangement Continued Foster Care To Be Determined	Court\FC\Adp\CI Crt Info\Hearing/Rev OR Case Plan\FC\Service Plan\Service Plan
Caretaker Family Structure (Family Child Was Removed From)	44	Divorced Female Divorced Male Married Couple Separated Female Separated Male Single Female Single Male Unmarried Couple Unable to Determine	Cust. Status\Phys. Removal\Child's Physical Removal
DOB Of First Caretaker	45	MMDDCCYY00/00/0000	Client\General Information
DOB Of Second Caretaker	46	MMDDCCYY00/00/0000	Client\General Information
Date Of Mother's Termination Of Parental Rights	47	MMDDCCYY00/00/0000	Court\FC\Adp\CI Crt Info\Par Rights\Termination of Parental Rights
Date Of Father's Termination Of Parental Rights	48	MMDDCCYY00/00/0000	Court\FC\Adp\CI Crt Info\Par Rights\Termination of Parental Rights
Foster Family Structure	49	Divorced Female Divorced Male Married Couple Separated Female Separated Male Single Female Single Male Unable To Determine	Resource\Directory\Info\General Information

		Unmarried Couple	
DOB Of First Foster Parent	50	MMDDCCYY00/00/0000	Resource\Directory\Homes\Members
DOB Of Second Foster Parent	51	MMDDCCYY00/00/0000	Resource\Directory\Homes\Members
Race Of First Foster Parent	52	American Indian/Alaskan Native Asian Black/African American Native Hawaiian/Other Pacific Islander White Multi-Race Unable To Determine	Resource\Directory\Homes\Members
Hispanic Origin	53	Yes No Not Yet Determined	Resource\Directory\Homes\Members
Race Of Second Foster Parent	54	American Indian/Alaskan Native Asian Black/African American Native Hawaiian/Pacific Islander White Multi-Race Unable To Determine	Resource\Directory\Homes\Members
Hispanic Origin	55	Yes No Unable To Determine	Resource\Directory\Homes\members
Discharge Date– Date Child Was Discharged From Foster Care	56	MMDDCCYY00/00/0000	Placement\Place\Enter/Exit
Discharge Reason	57	Only the following Exit Reasons are picked up as AFCARS Discharge reasons: Adoption Custody Transfer to Other Relative Custody Transfer to Another Agency Commitment to Corrections Death of Child Emancipation Reunification Runaway Other	Placement\Place\Enter/Exit (field name: Exit Reason)
Discharge Transaction Date	58	Worker Must Enter Exit Date Within 60 Days	Coded By System
<b>59 – 64 PAYMENT TYPES</b>			
Title IV-E Foster Care	59	Select One That Applies	Client\Finances\Funding Scr\Funding Sources
Title IV-E Adoption	60		
Title IV-A	61		
Title IV-D	62		
Title XIX	63		
SSI	64		
None Of The Above Source Of Federal Support	65		System generated based on response to elements 59 - 64
Amount Of Monthly Subsidy	66	0000-99999	Client\Finances\Funding Scr\Funding Sources

## APPENDIX C

### **Casework Procedures and Core Practice Issues**

The “Casework Procedures and Core Practice Issues” contain more detailed information about procedures, concepts, and practices referenced in specific sections of the Foster Care manual. Included in this “Casework Procedures and Core Practice Issues” are procedures, practice tools and general knowledge, many of which are applicable to the range of behaviors and activities foster care staff engage in while working with children and their families. The procedures included in this section will help the practitioner carry out specific policy requirements consistent with the law or regulation to which it applies. To support the practice information provided in this guidance, references to resources such as books, internet sites and VISSTA courses are provided.

#### Companion Guidance to “Section 5: Case Opening”

Senate Bill (SB) 1006, as passed by the 2005 General Assembly, supports the continuous school attendance of children in foster care by requiring local departments of social services (LDSS) and licensed child-placing agencies (LCPAs) to enroll children in school immediately upon their placement in foster care. Agencies affected by this legislation include LDSS and LCPAs that have legal custody of children in foster care.

#### Provisions of Senate Bill 1006

The new law provides that all children placed in foster care (with the exception of those placed through a non-custodial foster care agreement), or moved from one foster care placement to another, receive continuous education through specific enrollment requirements including:

- Immediate enrollment in school of a child placed in foster care, whether or not all required documents are available. Immediate enrollment means either within 72 hours or by the end of the next day the school is open;
- Provision of all required enrollment documents within 30 days of enrollment (birth certificate, comprehensive pre-school physical examination, social security number, and proof of immunizations);
- At the time of enrollment, provision of a written statement by the custodial agent enrolling the child stating to the best of the person’s knowledge: 1) the child’s age; 2) whether the child has or has not been expelled from school attendance at a private or public school division of the Commonwealth or in another state for an offense in violation of school board policies relating to weapons, alcohol or drugs, or for the willful infliction of injury to another person; and 3) that the child is in good health and free from communicable and contagious diseases;
- Provision of a written statement to the principal of the school regarding the child’s foster care placement and status of parental rights; and
- Provision of a written statement to the superintendent of the relevant school division, or his designee, of the placement.

Additionally, a child placed in foster care or moved from one foster care placement to another may be allowed to continue to attend the school in which he was enrolled prior to placement (or



the change in placement). Allowing the child to remain in the previous school is a joint decision made by the involved school districts and the agency with legal custody. If it is in the best interest of the child whose placement is outside his current school district to remain in his current school, the agency with legal custody should explore all options for providing for the child's transportation from the new foster care placement to the previous school. Bus tokens, foster parents transporting the child, Comprehensive Services Act (CSA) and/or local school district funding for transportation are examples of creative methods to enable the child to remain in his school.

LDSS and LCPAs need to communicate with their local school districts and understand school policy regarding such things as:

- Attendance at school when a child has a contagious disease (e.g., fever, cold);
- How to enroll a child during summer months; and
- The availability and requirements for special programs for the child.

LDSS and LCPAs with legal custody should also communicate to school personnel foster care requirements such as regular court dates, the child's service plan, and the concept of permanency planning.

In accordance with the Code of Virginia, LDSS and LCPAs should also:

- When a LDSS or LCPA is aware a child has or may have a contagious disease, the child must be enrolled as required, but attendance should be in accordance with school policy;
- Work with the schools in considering whether it is in the best interests of the child to remain in the school attended prior to the foster care placement (or the change in placement). Considerations of whether or not it is in the best interest of the child to remain in the previous school include:
  - The child's desires;
  - Opinions of the parent and/or caregiver;
  - Travel distance and time that would be spent on travel;
  - Maintaining the child's social and community connections;
  - Likelihood of returning home in a timely manner;
  - Availability of programs able to meet the child's identified needs; and
  - What time of year it is (i.e., end of the school year, the summer, etc.).

The information required at the time of enrollment is:

- Birth certificate (§22.1-3.1.A of the Code of Virginia (Code))
- Social Security Number (§22.1-260.C of the Code)
- Proof of immunization (§22.1-271.2 of the Code); and
- Physical examination (§22.1-270 of the Code).

VDSS has developed two model forms ("Expedited Enrollment of Children Placed in Foster Care" and "Notice of Student Receiving Foster Care Services") to assist LDSS and LCPA staff in providing to the local school districts the written documentation required. If localities choose

to use other forms, they must include all of the information in the model forms. These forms can be accessed at <http://www.dss.virginia.gov/form/> and are available in Appendix A of this manual.

Because implementation of this bill is a joint effort between local departments of social services and local school jurisdictions, the Department of Education Superintendent's memorandum issued to local school divisions related to this legislation is available at <http://www.pen.k12.va.us/VDOE/suptsmemos/2005/> as a June 2005 issuance.

#### Companion Guidance to "Section 6: Initial Assessment"

### ASSESSING THE CHILD'S AND FAMILY'S SERVICE NEEDS

The assessment process is the basis for sound case management. It is through the use of the assessment process that the service worker gathers accurate, relevant information concerning the child and family's situation. This information is used to determine a baseline for the child and family's strengths and needs, the services and resources required, the responsibilities of the parents, the child, the social service department and the foster or pre-adoptive parent, and the criteria for evaluating future needs of the child and family.

Assessment is an ongoing process that begins with the first contact with the child and family. In CPS cases, this initial contact is made by the Child Protective Services worker. Regardless of who makes the initial contact, the assessment process does not end until the case is closed. Reassessment is accomplished through monitoring of the service plan and evaluation of the effectiveness of the services and resources that are made available to the child and family.

Both the initial and reassessments are used to guide the service worker in the development of an appropriate service plan. Information gathered in the course of assessment should be used to identify specific services the child and family need in order to correct the conditions that led to the child's placement in foster care.

### SKILLS AND BEHAVIORS THAT ENCOURAGE ASSESSMENT

#### 1. Appear genuine and trustworthy

Trust is an essential element of any successful relationship, including those between child welfare workers and their clients. One way of demonstrating trustworthiness is to actually do the things you commit to doing, particularly things done on the family's behalf or that they believe will be helpful to them. For instance, if you offer transportation then do not cancel it. The permanency worker should "communicate interest in the family and in understanding things from their perspective. A willingness to listen and to learn from the family can help the worker identify areas of commonality and also communicates respect for the family's strengths and uniqueness. During the early stages of the relationship, workers should do a lot of listening" (Rycus & Hughes, 1998, p. 249).

## 2. Always be honest and direct

It is difficult to trust someone who selectively shares information or who is perceived as dishonest or misleading. It is your ethical duty to ALWAYS be honest with family members ' about the status of their case, the nature of your concerns, the assessment of their progress, the requirements they must meet, and plans that involve them and their children. Many conversations may potentially be difficult, but family members tend to react better to honesty than partial truth.

## 3. Avoid unexamined assumptions

"The caseworker should never assume what the family means, nor assume that the family understands the worker's intentions" (Rycus & Hughes, 1998, p. 249)." It is critical that workers honestly and directly check out their assumptions with family members and ask for clarification of what the family has said or what their behavior means. It is also critical that workers check out whether family members have accurately understood what the worker has said to the family. Having family members tell you what they heard you – the worker – say is a good way to discover if you are all "on the same page."

## 4. Approach in a manner consistent with the family's cultural background

It is crucial that the child welfare worker understand the general cultural traditions and expectations of the different populations he/she serves. Behaviors that appear benign to the worker may be perceived as offensive or discomforting by the members of particular cultures. When dealing with unfamiliar cultures, seek the advice of "cultural consultants" from the community and explore the culture in books and other materials found in your agency, other service agencies, the internet or the library.

## 5. Actively look for Strengths in the family

It is important to identify strengths as well as challenges in order to better understand families and to find resources to use within the family. Look for strengths and you will find them. Point strengths out so the family can find them.

## 6. Understand that resistance is normal

"In child protection, initial resistance by family members is normal and expected. The unrequested intrusion into their lives by a stranger vested with considerable authority, or, who challenges their parenting capability and their rights to retain their children, is almost always experienced as a threat, regardless of how well-intentioned the worker" (Rycus & Hughes, 1998, p. 242). It is difficult to be cooperative when a worker appears at your door and tells you how to raise your children. Most people would probably balk at the worker's suggestions or be offended and angered by the intrusion into their lives. This natural tendency to be protective and uneasy might easily be labeled as "resistant" or "unmotivated." It is important to accept and acknowledge that resistance to worker efforts to be helpful, or some of worker expectations, is not always evidence that parents do not want to provide care for their children or even make changes in their parenting behaviors. Change is scary and uncomfortable. Resistance and anxiety are normal reactions that can be dealt with by offering understanding, support, and reasonable flexibility.

### 7. Be a fair critic and a great coach and cheerleader

During the assessment process, the permanency worker not only gathers important information but also "provides guidance, support, encouragement, and reinforcement for efforts toward positive change, and gives constructive feedback that guides family members in trying new strategies and solutions. "Every effort is made to empower family members to generate their own solutions through their active participation in the development and implementation of the activities in the case plan "(Rycus & Hughes, 1998, p. 229)

Field Guide to Child Welfare, Volumes I-IV; Judith S. Rycus and Ronald C. Hughes  
Publishing Date: 1998

Adapted from VISSTA Course CWS3000: FC New Worker Policy Training w/OASIS Pilot  
Version Section II: Trainer's Guide to Activities June, 2005

### TOOLS FOR USE IN ASSESSMENT:

The following tools are often used by social workers to gather information from family members and other individuals in order to gather a comprehensive picture of the family. These tools are designed to be helpful in the assessment process but are not the actual assessment itself. Genograms and ecomaps in particular should be used after discussion with and training from others experienced in their use.

1. Genogram: The genogram was first developed and popularized in clinical settings by Monica McGoldrick and Randy Gerson. The genogram (pronounced: *jen-uh-gram*) lets the worker and family members quickly identify and understand patterns in the family history. The genogram is a tool that helps map out relationships and traits in the family. There are a lot of books on this topic as well as many websites. Genograms can vary significantly and are only limited by your imagination. Most genograms include basic information about number of families, number of children of each family, birth order, and deaths. Some genograms also include information on disorders running in the family such as alcoholism, depression, diseases, alliances, and living situations. Basic Genogram components can be accessed at [http://www.genopro.com/genogram\\_components/default.htm](http://www.genopro.com/genogram_components/default.htm).
2. Eco-maps: An Ecomap is a pictorial representation of a family's connections to persons and/or systems in their environment. It can illustrate 3 separate dimensions for each connection: 1. The STRENGTH of the connection (Weak; tenuous/uncertain; Strong) 2. The IMPACT of the connection (none; draining resources or energy; providing resources or energy) and 3. The QUALITY of the connection (Stressful; Not stressful). As with genograms, there are many books that discuss the purpose and use of ecomaps including social work textbooks on assessment. The internet and public library are additional sources for information on ecomaps.  
  
The purpose of an ecomap is to support classification of family needs and decision making about potential interventions. Further, it is to create shared awareness (between a family and their social workers) of the family's significant connections, and the constructive or destructive influences those connections may be having. Ecomaps enable a structured, consistent process for gathering specific, valuable information related to the current state of a family or individual being assessed. They support the

engagement of the family in a dialogue that can build rapport and buy-in, while heightening the awareness of the caseworker and family. Ecomaps are used to:

- Identify and illustrate strengths that can be built upon and weaknesses that can be addressed
- Summarize complex data and information into a visual, easy to see and understand format to support understanding and planning.
- Illustrate the nature of connectedness and the impact of interactions in pre-defined “domain” areas, - whether those connections and interactions are helping or hurting the family. Part of this value is in supporting the concept of observing “resource and energy flow” to and from a family as a result of its connections and interactions with its environment.
- Provide a consistent base of information to inform and support intervention decisions
- Allow objective evaluation of progress – workers can observe impact of interventions, both on the family and on other elements of their environment
- Support discussion of spiritual and value related issues in a constructive way.
- Help support integration of the concept of family assessment as an ongoing process.
- Integrate the values and concepts – and the real power of System Theory in a practical way.
- Force the building of interviewing and other skills for staff.
- Support effective presentation of families issues for court

<http://www.ohiocla.com/Year%205%20Revisions/ecomap1.htm>

3. Timelines: are another assessment tool that depicts the development and history of an individual and or family along a continuum from birth to the present. Similar to genograms and ecomaps, it is a graphic representation of patterns, traits, and the chronology of events in the life of the individual and/or family.

#### Companion Guidance to “Section 8: Preparing the Service Plan”

### INTRODUCTION

The goal of case management in foster care is to provide services that will lead to the child's placement in a permanent situation. The service plan is the document that describes needs of the child and family, and identifies the services that will be provided to meet these needs so that the goal can be achieved.

Because of the shortened time frames, mandated by both federal and state law, it is important that workers convey to parents the urgency in working with the agency in developing and following through on the requirements of the service plan. Parents will need to be informed of the limited amount of time they have to improve the situation that brought their child into care. Parents must also be fully informed of any concurrent permanency plan developed for their child (ren) including the purpose of concurrent permanency planning, the alternate goal developed, and the time frames involved (see Foster Care Policy Manual Section 9.1.6)

Integrating the Service Planning Process and the FAPT  
(Foster Care Policy Manual Section 8.2)

When a child in foster care placement is also being staffed by the Family Assessment and Planning Team (FAPT), every effort should be made to integrate the process of developing the Foster Care Service Plan, the Individual Family Service Plan (IFSP), and the Individualized Education Program (IEP), when appropriate, to streamline the planning process and ensure that all plans are consistent. When the FAPT staffs a foster care case, the service worker should incorporate FAPT recommendations into the Foster Care Service Plan or Foster Care Service Plan Review.

When the FAPT is involved in service planning, and a team member other than the local agency service worker is designated case manager, the team and the case manager are responsible for ensuring compliance with federal and state service plan and review requirements. The local agency service worker is expected to provide assistance, as necessary, to the team and case manager in meeting the compliance obligations. When there is a concurrent permanency goal for a child and family, the local agency service worker must ensure that the concurrent goal and related service needs are documented in the service plan and that everyone involved in the case is aware of the purpose of the concurrent permanency plan. Local workers need to work with the FAPT staff to attempt to staff cases and approve services prior to court hearings.

Who Should be Involved in the Service Plan  
(Foster Care Policy Manual Section 8.4)

Parents have the right to participate fully in every meeting and discussion of their child's case by the local department and are considered to be members of the team. As such, they must receive adequate notice of the meetings and be informed that they have the right to present information from their perspective. Every effort should be made to meet at a time and location that enables parental attendance.

As a team member, parents should be actively included in identifying:

- Their child's and family's strengths;
- Their child's and family's service needs and considerations for how they think those needs could best be met; and
- Areas where their child and family have made progress or not, regarding the service plan goals and objectives.

Children who are old enough (generally age 12) and/or of sufficient maturity should be invited to participate in meetings and service planning involving their case. Decisions made at service planning meetings should be made "through the eyes of the child." Children have no control over the decisions that are made for them by adults but these decisions have significant impact on their lives. The more agencies can empower children by including them in the decision-making process, the better those agencies serve them.

Foster parents, resource parents, relative care givers and pre-adoptive parents have the most current and complete knowledge of the child's adjustment in foster care. They play a vital role in the planning and decision-making regarding the child's future. They should always be strongly urged to attend and participate fully in the case planning meetings.

By providing services to children and/or their families, community resource providers may have information essential to planning and decision-making. It is crucial to involve them in the

planning and review process. The child's teachers and/or guidance counselors should be included in this process.

Likewise, the Guardian ad Litem (GAL) and the Court Appointed Special Advocate (CASA) for the child can bring a different perspective to the service planning process. GAL's and CASA's are charged to investigate the facts of the case and determine the needs of the child, as well as the resources available within the family and community to meet those needs. The Guardian ad Litem makes recommendations to the Court on behalf of the child. It is better to resolve differences in recommendations in the service planning meeting prior to court hearings. It is critically important for all members of the child's team to work closely together in a collaborative effort on behalf of the child's best interests.

### SERVICE PLANNING PRACTICES

To develop the initial service plan, workers should:

1. Consider all aspects identified in the Child Protective Services Safety and Risk assessment;
2. Engage the child and family in the service planning process. This includes consideration of such things as meeting with the family at times that are conducive to their schedule; altering locations for the meeting to allow families to attend; providing transportation when transportation is the only barrier to attendance.
3. Utilize and apply knowledge of child development including things such as children's sense of time, cognitive and emotional development, etc.; Social workers need to be able to distinguish between normal age-appropriate behaviors, and those behaviors that indicate an unmet developmental need. Since the physical, emotional, and physiological aspects of the child's development are so interrelated, delays in one aspect often affect subsequent development in other areas. Since some of the most crucial developmental milestones occur early in the child's life, early deprivation of appropriate stimuli and nurturance has the potential for severe long-term effects. Grief, separation and loss and attachment issues are of primary concern when considering the needs of a child removed from his family and placed in foster care.
4. Identify the need for additional assessments (mental health, developmental, substance abuse, etc.) for the child and other family members;
5. Develop an individualized plan for the family directly related to their identified needs and strengths;
6. Include all relevant parties in the service plan including but not limited to; significant others of the parent, supportive family members, individuals identified by the parent and child as supportive influences in their lives, other caregivers including previous and current resource, foster and preadoptive parents and that includes goals and objectives that are measurable and applicable to the individual family members behaviors that must change or needs that must be met.
7. Prioritize service needs identified in the assessment. If the assessment reveals many parenting deficits and the need for numerous services to ensure the safety and well-being of the child, the service needs should be prioritized so as not to overwhelm the family system;
8. Link with and incorporate treatment plans of other providers into the service plan including the Individual Family Services Plan, the Individual Educational Program, mental health providers assessments and treatment plans, substance abuse assessments, psychological evaluations, etc. The social worker should discuss the findings and recommendations of these reports with the child and/or family prior to developing the service plan to ensure they are aware of how these reports will influence the plan and what is expected from them.

9. Assess and establish an appropriate permanency goal and acknowledge those cases where a return home goal is not appropriate and move towards termination of parental rights; Companion Guidance to "Section 10.6 Administrative Panel Reviews"

### PREPARATION AND PLANNING FOR ADMINISTRATIVE PANEL REVIEWS

Panel Reviews are an administrative review mechanism and should be planned and prepared for with the same diligence as workers would for a court hearing. It is the social worker and administration of the local department that establishes an atmosphere that conveys the importance of the APR and sets the expectation for all involved. By thoroughly documenting the child and family's well being and progress, preparing written material well in advance of the meeting, extending invitations to participate thirty days in advance of the review, and facilitating the meeting in a manner that encourages active participation, the social worker creates a forum that promotes engagement of all parties.

Invitation letters to parents, previous caretakers, foster and pre-adoptive parents and any other individuals identified by the child or family as having a significant positive role in their lives must communicate information in understandable terms and in the family's primary language. Specifically, invitation letters should inform the invited party of the reason for the meeting and stress the local departments' desire to include those individuals as part of the team that is planning for the child.

Since it is critical that all individuals who are significantly connected to the life of the child are invited to the review, local department staff should make active and on-going efforts to encourage their attendance and participation. Telephone follow-up to the invited party after the invitation letter is sent to discuss the review and the reason their attendance is valuable is one simple step workers should make to further encourage involvement. Offers to assist in transportation, scheduling the review at times conducive to the family and other parties schedule and consideration of holding the meeting at a location that provides easier access for these members are additional best practices to facilitate involvement.